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CLINICAL LECTURE,

DELIVERED AT

UNIVERSITY COLLEGE HOSPITAL,

By DR. TAYLOR,

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Chronic-cold rheumatism of several months' duration. Slight morbus cordis. Speedy relief by the iodide of potassium. Relapse after a month. Failure of the iodide of potassium, and success of the guaiacum. Clinical remarks on the forms of rheumatism, and the treatment suited to each.

James Ashton, ætat. 26, was admitted September 7, 1841, under the care of Dr. Taylor. He is a cab-driver, married, but has no family; father and mother living, both healthy. He is a pale, sickly-looking man, of slender conformation and dark hair; he is considerably emaciated, and says that he has been losing flesh for some time past. He has been in the habit of drinking spirits to excess, but has lately lived very temperately. He had syphilis about three years ago, for which he underwent a mercurial course, but his mouth was not affected. He has since that time occasionally had shooting pains in his limbs, until the period of the present attack.

About two months ago he got wet through, and soon afterwards was attacked with severe and constant pain in his forehead, for which blisters were applied to the nape of the neck; the pain then suddenly left his head and attacked the lower limbs, especially the right.

Present Symptoms.—He complains of constant aching and shooting pains in the lower limbs, especially the right the pain affects the hips, knees, and ankles, and he has great tenderness over the spine of the tibia, chiefly also on the right side. No irregularity of the surface of the tibia can be detected: he has also some pain in his left shoulder. There is no redness or swelling of the painful articulations. The pain is not increased, but rather diminished, by warmth; but it is invariably worse when he is in bed, whether during the night or day, but especially the former. The pains are not increased by walking; on the contrary, after that recreation he feels relieved. He says that he has never had any painful or other enlargement of the tibiæ. He has a little pain across his loins, and complains of great weakness and inability to make any exertion; bowels open; tongue furred; appetite bad; urine abundant, high-coloured, without sediment. He does not perspire much at night; pulse 86.

Physical Signs.—The respiratory sounds are healthy on both sides; there is a slow, labouring beat of the heart, but the impulse is not extended. The second sound is longer and less clear than natural, and has a dry, hard character. Ordered three grains of iodide of potassium in an ounce and a half of mint-water three times a-day.

Sept. 9. Complains of pain all over him; increase of pain in the right leg; increased heat of skin. Add a grain of iodide to each dose.

13. Is improved since last report: less feverishness and pain.

17. Continues to improve; pains very much diminished; sleeps well during the night; feels much stronger; tongue clean; bowels open; appetite very good. To have full diet. Add another grain of the iodide to the dose.

20. Quite free from all pain; getting stronger every day; gaining flesh; parchment sound still heard with the second sound of the heart.

24. Discharged well.

This patient remained in good health from the last report until about the 12th of October, at which time, having caught cold, he felt a shooting pain on both sides of the head. He had also pain in the right hip and leg, and across the loins, so that he was scarcely able to walk. The pains are worse at night: his bowels are sometimes confined; and when that is the case the pain in his head is much increased. His bowels are now open; the surface warm; pulse 72; appetite good.

Readmitted October 26th, with the above symptoms.

27. Heart's action irregular; and there is very slight murmur with the second sound of the heart heard at the base. Four grains of iodide of potassium to be given in an ounce of peppermint-water three times a-day. The pain, although worse at night, is not increased, but rather relieved, by sitting near the fire; no swelling or heat of the painful parts. There has been much rain for some weeks past, and he has been exposed to it, though well covered up.

29. Much the same; the pain still continues undiminished. Increase the dose of the iodide to five grains.

Nov. 1. Pain the same. Omit the medicine, and take the following: mixture of guaiacum an ounce and a half; compound tincture of guaiacum twenty minims, in a draught every six hours.

3. Improved. The amendment began yesterday, after he had taken four doses of the medicine. There is very little pain at present. He perspired a great deal in the night.

5. Feels quite well; has no pain. The medicine seems to warm him.

6. Discharged cured.

Subacute rheumatism in a weakly subject. Treatment by colchicum, aconite, and venesection. Alarming depression, feebleness of the heart's sounds and impulse. Employment of the iodide of potassium. Physiological and pathological effects of this remedy.

Thomas Vardy, aged 31, was admitted October 1, 1841. He is a blacksmith, married, of moderate conformation, spare habit, temperate, but accustomed to drink three or four pints of porter daily. His father died of phthisis. He has generally had very good health, with the exception of rheumatic attacks. He suffered from rheumatism first about thirteen years ago, after exposure to wet and cold, and again five years since, at which time he was treated in this hospital by Dr. Elliotson. The present attack came on nine days ago. He had overheated himself whilst at work, and then sat in a draught of air to cool. The disease first came on with pain in the loins and hips, which shifted about from joint to joint.

Present Symptoms.— He complains of burning, aching pain in his right wrist and hand, which are swollen and red, as are also one or two of the fingers. He likewise complains of pain in both knees, preventing him from extending them fully, but they are not red, nor much swollen. The skin is at present cool; but he says it is very frequently very hot, and he often has profuse sour perspirations. The pains are always increased by warmth at night, and when moving about. When he is cool and quiet he feels almost free from pain. Tongue furred; thirst; anorexia; pulse full, 88; bowels much purged from medicine. He feels very weak, but has no palpitation nor dyspnœa; urine scanty, and high-coloured, but does not deposit any sediment. To have two and a half grains of acetous extract of colchicum, with a grain of extract of aconite, in the form of a pill, three times a-day.

4. Pains in the knees continue much the same; last night the pain, heat, and swelling, gradually subsided in the right wrist and hand, and attacked the opposite side; pulse 98, full and firm; bowels not open. To be bled in the arm to fourteen ounces; the pill to be taken every three hours.

6. The pain, swelling, &c., have gradually subsided since last report, and he is now quite free from pain, but feels very weak; bowels freely opened twice or thrice a-day; appetite bad; urine passed with his stools in the water-closet. The first three or four pills, owing to a mistake, contained three grains of the aconite, but did not produce any effect.

8. Bowels much purged; feels very weak, but quite free from pain; appetite improving; pulse 96.

11. Had a return of the pain, redness, and swelling, in his left wrist and hand last night very severely, but he is much better again to-day; urine in tolerable quantity, not high-coloured; specific gravity 1018; not coagulated by heat, and only slightly reddened by heat and nitric acid.

13. Complains of pain in the right shoulder; does not get any sleep. Omit the pills, and take five grains of calomel and ten of Dover's powder every night and morning; eight leeches to the shoulder.

15. Feels very sick, and has been so since yesterday morning; seems anxious, and feels very weak. Omit the powders. Heart's sounds healthy, but feeble; impulse also feeble.

18. Feels exceedingly weak; countenance much thinner; back very sore. Ordered some beef-tea.

20. His countenance is much less anxious than at the last visit; feels stronger in consequence of the increase in his diet; the pain is now entirely confined to his hands. To have three grains of iodide of potassium in an ounce and a half of water three times a-day.

22. Countenance greatly improved; spits a good deal, but there is no mercurial fœtor; gums rather sore; bowels confined. To have a compound senna draught directly.

29. Has been improving since the last report. To take the iodide of potassium in two ounces of the infusion of artemesia three times a-day.

Nov. 12. He continued improving in strength and appearance up to this date, when he was discharged cured.

In lecturing on these cases, Dr. Taylor made the following remarks:—

Case of James Ashton.—Diagnosis.—The only disease with which this could be confounded was secondary syphilis. The man had had syphilis three years before, and had had occasional pains in his limbs ever since, but he had been constantly exposed, as a cabman, to the causes of rheumatism; there was no irregularity of the spine of the tibia, and he had had no other secondary symptoms. It was necessary not only to distinguish whether the disease was rheumatism, but also the *kind* of rheumatism. One of the most important practical divisions of this disease was into the hot and cold forms. In the hot rheumatism, the pains were aggravated by the heat of the fire and of the bedclothes, and there might, or might not be, in addition, local increase of temperature with more or less febrile reaction. On the other hand, the pains were relieved by cold—by uncovering the part, and in some cases even by cold applications. In the cold rheumatism, the pains were increased by this exposure, and were relieved by warmth, by approaching the fire, by flannels, and abundant clothing: in some cases the patients felt chilly, and complained that they never could get warm; the skin was often pale and the surface cool. In making this diagnosis it was important to know that in both forms the pains were worse at night than during the day. Patients on being asked if they felt worse when warm often replied that they were worst when warm in bed at night; but this answer was not enough; we must inquire the effect of heat and cold during the day. It was necessary not to confound the hot and cold with the acute and chronic forms of rheumatism. The acute rheumatism was always hot, but the hot rheumatism was not always acute; it might go on for many months, and therefore be of the chronic form. The cold variety, however, was generally, though not necessarily, chronic; he first learnt this distinction from Dr. Elliotson, and had since verified it in innumerable instances. Whether the observation originated with Dr. E. he did not know. The value of the distinction consisted in its affording a guide to the treatment; the one variety being chiefly, not exclusively, relieved by one class of remedies; the other by a different class. It was in the hot rheumatism that bleeding, general and local, colchicum and mercury, were most serviceable: in the cold form, stimulating remedies were more useful, such, for instance, as guaiacum, steel, rubefacient liniments, the hot-bath, and iodide of potassium. In the present case, the disease belonged to the cold form; the patient had suffered more or less during a great part of the preceding winter, and he had become considerably reduced in flesh; the heart offered nothing morbid, with the exception of the sound at the base; the second sound was less clear than in health, and had a dry and hard character; it was such a sound as might be supposed to arise from valves whose texture had become less flexible and more rigid, and it had been observed to accompany a thickened state of the valves.

This was the opinion put forth by M. Bouillaud, and Dr. Taylor had made the same observation independently of him. The valves might still perform their functions, but less readily, perhaps, than in their healthy state: M. Bouillaud had termed this sound "bruit de parchemin," from its supposed resemblance to that which might be produced by valves made of parchment.

Causes.—The cause in this case was that almost always observed in rheumatism; namely, exposure to cold. The patient was a cabman, out in all kinds of weather, and during a great part of the day.

Treatment.—The medicine administered was the iodide of potassium, which was, perhaps, the most generally useful. All remedies would fail in particular cases, but this, perhaps, less frequently than any other. The dose was three grains at first, but was gradually increased until an effect was produced. Fomentations were ordered to the right leg a day or two after his admission, with immediate relief to that part; and this was all that was done, in addition to giving the medicine. For three or four days no amendment was observed in the pains generally, but about that time they began to yield, and soon disappeared entirely.

The patient's appetite returned, and he was discharged cured, on the 24th, about a fortnight after his admission. The patient had suffered during a great part of the winter, and his general health had become much impaired by the suffering. Dr. Taylor remarked, that he had repeatedly seen cases of rheumatism, especially those affecting the fibrous tissues, and which had resisted other modes of treatment for months, yield in a few days to the iodide of potassium.

About a month after his discharge, the patient was readmitted, nearly as bad as before. There had been a succession of wet days when he had been out, and the symptoms were reproduced. On this occasion the form of the disease was the same, it was only a little less severe. The same treatment was prescribed, and continued for several days, but without the slightest effect: whether, if persevered in, it would have made any impression, was uncertain, but it was continued longer than the time in which an improvement was produced in the first attack; and generally the iodide of potassium produced its effect in a shorter time than this. The guaiacum mixture, with the compound tincture of guaiacum, was given on the 1st of November, and it produced almost immediate relief. The patient felt better after he had taken four doses only of the medicine; and this improvement went on and remained permanent: the only other sensible effect it

produced, was a pretty abundant perspiration. On the 6th of November the patient was discharged well. Dr. Taylor remarked that the result of the treatment in this case was very interesting: he had before stated that different classes of remedies appeared to be suited to the hot and the cold rheumatism, and that in each form the same remedy succeeded at one time and failed at another. He had frequently thought that closer observation might enable us to discriminate the particular cases suited to each remedy; and had observed, for example, that the iodide of potassium was peculiarly useful in cases in which the disease affected the fibrous tissues, as that over the tibia and in the scalp. In this case, however, there was no apparent difference in the disease to explain the different results. The second attack was only rather less severe than the first; the form and seat of the disease were the same, as were also the age, strength, and the external circumstances, as food, lodging, and, of course, the constitutional peculiarities of the patient. No two attacks could be more completely alike, and yet in one the treatment was speedily and completely successful, whilst in the other the same treatment as completely failed.

Case of Thomas Vardy.—Diagnosis.—In this case the rheumatism was subacute, and of the hot description: it was characterised by heat, swelling, acute pain, and complete immobility of the affected parts: the pains were relieved by cold and increased by heat; there was general feverishness, and profuse sour perspirations; there was no sign of any affection of the heart, although the patient had twice before laboured under the same disease.

Causes.—As in the other case, the attack was produced by the application of cold: the cold was applied in circumstances in which experience had proved it to be more than usually injurious; namely, when the patient was overheated and perspiring, and its action was probably favoured by the state of his general health, which appeared to be impaired; his face was pallid, and he was very thin. The previous attacks of rheumatism would, of course, render him more liable to a recurrence of the disease on the application of even a comparatively slight cause.

Treatment.—This was commenced by the acetic extract of colchicum and the extract of aconite, three times a-day. This form of colchicum generally acted more mildly and pleasantly than the wine, and in the less severe cases of acute rheumatism it was often extremely useful. The aconite, as a narcotic, helped to relieve pain and procure sleep, and some persons supposed it otherwise possessed of anti-rheumatic properties.

After three days the pain had subsided in one wrist, but attacked the other, and in other parts was unabated. The pulse had risen, and the bowels had not been freely moved. In these circumstances a moderate general bleeding was ordered. This had been avoided at first on account of the strength of the patient, and the want of violence in the disease. The medicine was ordered every three hours, with the view of obtaining a more free action on the bowels, its therapeutic effects being generally more marked when it produced purging. After this the pain gradually subsided, and in three or four days entirely disappeared. On the 10th the pain returned, but only for a short time, and on the 13th it attacked his shoulder. The patient was now much distressed for want of sleep, which the aconite had failed to procure. There was reason to suspect that the aconite was not of a good quality; for, although three grains had been given by mistake, no effect of any kind was produced. He was therefore ordered calomel and Dover's powder night and morning, and leeches to the shoulder. The medicine was omitted on the 15th, in consequence of the patient being very sick and much depressed. On the 18th he was free from pain, but so much altered as to cause some uneasiness about the result. His countenance was sunken and anxious, his pulse very weak, and his back was getting sore. There were no physical signs of phthisis, to which disease the patient was hereditarily predisposed. His heart was examined for the purpose of ascertaining whether pericarditis had supervened in a latent form. On applying the stethoscope this notion seemed at first to be confirmed, for the heart's sounds could not be heard, but the extent of dulness on percussion was not increased, and therefore no considerable effusion could exist. Suspecting that the inaudibility of the sounds might depend on the depression of the intercostal spaces, the heart was explored with the naked ear, and the sounds were immediately heard, though much feebler than usual. On filling the intercostal spaces with a piece of linen, the sounds were found to be equally well heard with the stethoscope. Thus, in the enfeebled state of the heart's action, and consequently of its sounds, the absence of complete contact with the walls of the chest, produced by the depression of the spaces between the ribs, was enough to prevent altogether the sounds from being heard by the stethoscope, and together with the general symptoms, it might have led to the diagnosis of pericarditis, with effusion of serum, if care had not been used.

This great depression of strength appeared to be due to the bleeding and purging, neither of which had been considerable, but their influence had been exaggerated by the impaired health of the patient. It was now, therefore, an object to support him, and he was ordered beef-tea. In two days his appearance was greatly altered for the better, but having some pain still in the wrists, he

was ordered the iodide of potassium three times daily.

Under this treatment the pain soon subsided permanently, and the appearance and strength of the man exhibited a corresponding amelioration.

On the 29th a bitter infusion, that of common wormwood, was added, and the patient was discharged Nov. 12.

The iodide of potassium was employed although the disease was of the hot form. It was often very useful in removing the remnants of acute rheumatism, after the violence of the disease had been subdued by more active treatment. Some persons had given it in the active stage of the disease, but the lecturer never employed it then, because he thought it not sufficiently active to be trusted to. Some persons objected to it in such cases, on the ground of its supposed stimulating properties, but he had no such fears. He had carefully watched its effects in a great number of cases, and had never observed it to be any other than a local stimulant. He never found it to quicken the pulse, nor increase the heat of the surface. There was only one effect which he thought was almost constant, and this was an increase in the quantity of the urine. There were few cases in which this did not occur. Occasionally, however, the secretion of urine was diminished soon after its administration. In the present case it appeared to produce a slight salivation, an effect occasionally observed. Sometimes, also, it produced a discharge from the eyes and nose, with smarting pain, and great pain over the frontal sinuses. There might, also, be redness and swelling of the gums. In such cases the use of the medicine should be suspended for a time, and then resumed in smaller doses. A simple diminution of the dose, however, would often be sufficient to relieve these symptoms, without leaving it off altogether.

ILLUSTRATIONS OF THE

PATHOLOGY, DIAGNOSIS, AND TREATMENT

OF

OPHTHALMIC AFFECTIONS.

AMAUROSIS.

By EDWARD HOCKEN, M.D., M.R.C.S.L., &c.

PART XI.*

Mydriasis, Simple and Compound.—Is there an Affection simulating Amaurosis dependent on simply Dilated Pupils?

IN the examination of patients labouring under imperfection of vision, it is necessary to bear in mind most clearly the diagnostic points from somewhat similar derangements, or, at least, derangements possessing some similarity in their symptoms; and, where cases were at all doubtful, to employ such measures as may serve to give either negative or positive proof of their nature. Among the valuable means which we possess of forming our diagnosis, there is one which has been overlooked by writers and practitioners, but which is, nevertheless, of great value. It has been overlooked from the fact, that a true diagnosis of cases in which such a measure would be applicable, has been rarely made, and hence they have been regarded and treated as "amaurotic," without any real meaning being attached to the term. But there are cases in which there are great imperfection of vision, dilated and sluggish pupils, and yet there is comparatively little or no real derangement of the true visual nervous apparatus. A grand peculiarity in such cases is, that although the patient complains chiefly or entirely of one eye, and the pupil of that eye is more dilated than its fellow, still both irides are sluggish in their motions, and imperfect in their fields of action. Under these circumstances, the means of diagnosis to which I have alluded is to ascertain how much the imperfection of vision is dependent on dilation of the pupil, and for this purpose the patient should be made to look through small apertures, of various sizes, in a card, a clear light falling on the object regarded; when, if the case is only one of mydriasis, or dilated pupil, his vision will be rendered quite clear, although the field of vision may be contracted. I have some cases of this kind on record.

Of these cases I would make two grand divisions—the first of true mydriasis, where the dilation of the pupil or pupils is the only cause of imperfection; and, secondly, where dilation of the pupil is a complicating evil, the relief of which ameliorates without restoring vision. Of these I will now give examples.

Impairment of Vision, Dilation of the Pupil of the Left Eye, and almost complete Immobility of both Irides.

CASE.—Susan Salsbury, ætat. 35, admitted August 3, 1841, under the care of Mr. Lawrence, "with impaired vision and partial dilation of the pupil of the left eye," which had existed a fortnight.

Her appearance is rather unhealthy; she is of moderate height, and is rather thin. She states that her health is in general but poor, but that she had been unusually well for some months before her present attack. She states herself a housemaid, and feels confident that she has been engaged in no work which could in any way have habitually tried or strained her vision. She has been subject to "fits" for some time, which she is told are hysterical.

* Continued from p. 919, vol. ii., 1840-41.

She is quite unaware of any cause which could have occasioned the derangement of vision; it commenced without any feeling of illness, as she only discovered how imperfect the vision of the left eye was on endeavouring to read about a fortnight previous to her admission, when she found that she was unable clearly to make out the words. On closing either eye alternately she found that she could see perfectly with the right eye, but that the vision of the left was obscured, as if by the intervention of a "cloud." Shortly after this she began to suffer a dull weight over the brow, deep-seated feeling of pressure in the eye, and pain in the back part of the head.

At the time of the occurrence of these symptoms she had considered herself to be in better health than she had been for a long time. At present (August) she has no pain in the eye or head, but an occasional feeling of oppression over the brow; sight dim, as if obscured by the intervention of some opake substance, but perfectly free from muscæ, or luminous spectra. Light is not in general distressing, but when led to the window she complained of its influence being disagreeable.

On examination, the pupil of the left eye was found dilated, about half as large again as the right; but little or no motive power was manifested in either iris by the alternations of light and shade. The left globe appeared rather more prominent than the right, and somewhat firmer to the touch; the parts behind the pupil had a somewhat opake or cloudy aspect (this was rather doubtful, and only seen in particular lights), and the left upper eyelid hung rather lower than the right,* but is quite healthy in other respects. There is a slightly-marked, and in some places imperfect, zone of fine, straight, claret-coloured vessels around the cornea, which were especially marked at the lower and inner part. The sclerotica of both organs was of a bluer colour than usual, but this was alike in both eyes, the iris and all the other textures appearing quite healthy.

Her general health is pretty good; "her appetite, indeed, has failed since her entrance into the hospital, but the bowels are regular, and the functions of the uterus normally performed. She feels unhappy at the confinement of an hospital, and very nervous."

At this stage of the examination the diagnosis was very obscure. My note-book suggests—slight exophthalmia, from disease in the orbit, in or affecting the optic nerve, with some slight but deep-seated inflammation of the eye itself. The progress will probably decide.

She was directed to have six leeches applied behind the left ear, and to take two grains of mercury with chalk three times a-day.

5th of August. Remains the same.

10th. No change in the symptoms.

13th. Intestinal canal and digestion slightly deranged by previous remedies. A blister to be applied behind the ear, and the iodide of potassium, with essence of sarsaparilla, to be taken, the other medicines being omitted. Vision remains the same.

17th. Health improved; unassisted vision very imperfect in the left eye, but on making her look at objects through a small hole cut in paper, she can read even small print distinctly with that eye; and, on still further diminishing the size of the aperture (making some clean holes in a card), she stated to me that she saw still more clearly and distinctly, but that the extent of her field of vision was proportionately diminished.

24th. Unassisted vision improved; general health good; nights restless. To continue. She left the hospital in this condition.

Remarks.—In the foregoing case the value of the test which I have proposed is clearly seen, for without its assistance the diagnosis must have remained most obscure and questionable; whereas its employment rendered it certain at once that this was not a true case of amaurosis, but that the dilation of the pupil formed the principal cause of the impairment of vision; since unassisted vision was obscure and cloudy, light offensive, and the pupils motionless; but when the aperture through which light was admitted into the interior of the eye was artificially contracted, by making the patient look through a small aperture in a card, then these annoying symptoms were removed; the light was no longer unpleasant, and vision was clear, although the extent of the patient's field of view was contracted. A great peculiarity in this case was the fact of both irides being motionless, although the vision of one eye only was affected, and only one pupil dilated; and again the lid of the affected eye hung lower than the fellow-lid of the opposite organ. This state of partial ptosis is certainly more common in cases dependent on cerebral disease, but, as I have previously remarked, it does and may occur quite independent of any such origin. In many of these cases, where the partial ptosis is unconnected with cerebral disease, I believe it has its origin in an affection of that branch of the third pair of nerves which supplies the levator palpebræ. It was from this consideration, and my belief in the slight prominence of the organ being a case of exophthalmos, that in my note I made the doubtful diagnosis of disease in the orbit. The slight and imperfect zone of vessels, with

* In my former paper I alluded to the condition of the lids, and the present is a striking case of this kind, in which the sequel will show how little such a symptom might have been expected.

the discoloration of the fundus, might probably indicate some disease in the choroid, some slight change in the pigmentum nigrum. As regards the loss of motile power in the irides, it is evident that this was dependent on the iritic nerves, and not on any disease of the iris itself. I have little doubt myself that the lenticular ganglion was implicated in some diseased actions, and to a much more considerable extent in one eye than the other. In fact, in the one eye, where the motion of the iris alone was interfered with, the vision was perfect; but in its fellow, where the pupil was also dilated, as well as motionless, vision was very defective, but was rendered quite clear by an artificial pupil of small size. The treatment by sarsaparilla and the iodide of potassium seemed to be of some benefit in remedying the orbital derangement.

Having said thus much of the preceding case, let me now narrate one in which the vision was impaired, but not entirely cleared by this measure.

Sudden Attack of Amaurosis, especially affecting the Right Eye, and disappearing after an Hour; sudden Recurrence after Two Days, continuing then as a Permanent Affection, without other well-marked Symptoms; Imperfection of Vision relieved, but not removed, by making the Patient look through a diminished Aperture in a Card.

Case.—Charles Boon, ætat. 62, was admitted as an in-patient of the West of England Eye Infirmary, during the summer of 1841, affected with amaurosis of both eyes, chiefly developed in the right. He was a spare, short, sallow-looking man; his countenance shrunken, which, with his conjunctivæ, was of a semi-jaundiced appearance. His habitual employments were sedentary, and he had all his lifetime been subject to much confinement in doors, and want of out-door exercise, being by trade a shoemaker: he had, however, resided in a country situation. He states that he has always enjoyed undisturbed good health previous to the commencement of August, 1841, with the exception of occasional attacks of indigestion.

The *history* that he gives of his disease is the following:—

In the beginning of August, 1841 (the 5th), he suddenly found his sight very defective and dim; and, on trying his eyes alternately, that the vision of the right was nearly extinct, and that of the left confused and misty. It came on whilst at work, and was not preceded or attended by any derangement of his general health; he had no headach, vertigo, or tinnitus aurium; no loss of appetite, or uneasiness in his abdomen; the functions of the bowels were regular, and no symptom present, that he was aware of, which could at all explain the nature of the affection. He felt convinced, to use his own words, that it was not "either head or stomach." This attack on the 5th lasted only about an hour, when it passed off completely, and did not recur until the Saturday following.

On the Saturday following, the 7th of August, it again returned at seven in the evening, in the same manner as on the previous attack, and has continued to affect him with similar symptoms ever since that period. It came on in both eyes, but again affected the right organ in particular, the imperfection of vision consisting of dimness and mistiness without pain; and on this, as on the previous occasion, there were no other general or local symptoms.

Causes.—He was quite unaware of any cause which could have predisposed to or excited either the former or latter attack, either from diet or the state of his alimentary canal.

Symptoms.—He now complains of great obscurity and mistiness of vision, which affects both eyes, but is chiefly observable in the right: when he closes the left organ, objects appear distorted and dim with the right; and when this last is closed, and the left opened, he still complains of the same symptoms, but in a less degree. He has never been troubled with muscæ, or luminous spectra; and is not a sufferer from headach, pain over the brow, or of the globe, nor does he complain of any other subjective symptom.

His eyes appear small and sunken, and the conjunctivæ of a dusky yellow colour; his irides are hazel, the pupils are moderately dilated (when both eyes are open), and the general expression and appearance is not vacant: when, however, the left eye is closed the right pupil dilates considerably, and then possesses little, if any, independent motion by the alternation of light and shade. When the right is closed the left is not dilated, but moves sluggishly, under the same circumstances as the right organ. The parts behind the lens, in either eye, appear misty and somewhat opake, but not more so than is often observable in individuals above the middle period of life. No unnatural vascularity existed in either eye.

He states that his general health is good, his appetite unaffected, and his digestive and excretive functions normal; his tongue was moist, and the surface whitish; his skin harsh, dry, and sallow; his pulse quiet and natural, and he had no febrile or sympathetic symptoms.

Thinking that there was some obscurity in this case, I made the patient look through different-sized apertures in a card, the vision of his right eye was considerably improved by this measure, so as to enable him to read moderately small print; but the words seemed still to be distorted and enveloped in mist: that of the left was unaffected.

During his stay he was treated with the blue pill in doses of five grains every night:

continued until slight soreness of the gums was induced and maintained in this condition, whilst the bowels were laxed daily by the colocynth with tartarised antimony pill. He became an in-patient soon after the last attack, and perseveringly pursued the forementioned treatment, with complete repose of the organs, but still without any benefit to vision. He left the infirmary for the time, and his case was entered "not benefitted."

Remarks.—The exact nature of this case appears doubtful, although I am inclined to regard it as one of sympathetic origin, for notwithstanding the patient's denial of all symptoms referrible to the stomach and chylopoietic viscera, yet the condition of skin, the aspect of the countenance, and the yellow colour of the conjunctivæ, testify to prolonged derangement of the digestive functions. The suddenness of the attacks, and the rapidity and completeness with which the first disappeared, prove it to have been but functional; whilst the history is similar to attacks of an acute sympathetic abdominal origin, both in its primary occurrence, its disappearance, recurrence, and continuance. In many cases of imperfect amaurosis the use of convex lenses increases the patient's power of vision for the time, although it eventually tends to the increase of the imperfection of vision itself; so in like manner I apprehend that a moderate-sized aperture, cleanly made in a card, would temporarily increase the power and clearness of the patient's sight, when he is made to regard well-illuminated objects through it, under the same circumstances; for even the normal size of the pupil is thus diminished, and the patient is obliged to place such object nearer to his eye, whilst the powerful impression of a good light is made on the retina, too much light, or enough to dazzle, being prevented from entering by the contrivance itself; all the oblique rays are excluded, and the direct allowed to pass through. Whether the benefit obtained in the foregoing case is, or is not, entirely to be attributed to these facts, when made to look through the card in the way mentioned, is, perhaps, doubtful; it is, however, quite evident that it was not so in the first, and I am rather inclined to think not in the last; and I have no doubt that there are mixed cases of this kind, where the condition of the pupil is not altogether dependent on the state of the visual nervous system, disease going on in both the iritic and visual nervous systems conjointly, or both suffering together, however unequally, from some distant and disturbing cause.

The prognosis was most unfavourable from the complete failure of treatment, although commenced at so apparently propitious a period: should I hereafter gain any more information relative to this patient, I shall hope to communicate it.

Some years back I saw a case which I believe was one of pure mydriasis, although the symptoms were peculiar. I have appended a note of this case in my "Treatise on Amaurosis." I there remark, "I have seen a case of mydriasis, where extreme dilation of the pupils seemed to be almost the only apparent pathological condition present, producing near-sightedness in a very considerable degree, and some obscurity of vision; the pupils were insensible to the influence of light; the sight was nearly perfect, when objects were viewed very near.

This affection arose and advanced without any obvious or exciting cause: there was no headach, nor any marked sensation anywhere; nor did the patient complain of anything, save the myopic condition of vision.

Remarks.—Judging from the mere fact of dilated pupils, we should have imagined, at first sight, that the patient's vision would have been presbyopic instead of myopic; but facts disprove this. Here, probably, the near position of the object to the eye excluded an excess of light, as well as most of the oblique rays, and thus rendered near sight best to the patient. The dilation of the pupils and their immobility, with the slight derangement of vision, was peculiar, and, at the same time, the absence of all apparent causes, or any obvious symptoms.

15, Southampton-street,
Covent Garden.

ON THE

OPERATION OF HEAT,

IN PRODUCING THE DISEASES OF

THE LIVER, DYSENTERY, &c.,

TO WHICH THE

EUROPEAN IN INDIA

IS SO LIABLE; AND ON THE PRINCIPLES ON WHICH THEIR

PREVENTION AND CURE

SHOULD BE ATTEMPTED.

The Fruit of Two-and-twenty Years' Observations and Experience in the Treatment of these Diseases.

By CHARLES SEARLE, M.D., M.R.C.S.L.,
Late of the East India Company's Madras Establishment.

(Continued from p. 321.)

PART II.

Summary of the Effects of Climate upon the European Constitution, in producing the Diseases of Hot Climates, and Principles to be held in view for their prevention.

Principles of Prevention.—Having fulfilled the purpose we set out with, in tracing the operation of climate upon the living functions in producing the diseases of the liver and bowels, to which Europeans are so subject in tropical climates, we discover that debi-

lity, or depreciation of the living power or strength of the system, is the primary link in the chain of causes giving rise to them in all their varied form; and that, as it is not in the power of art to avert the depressing cause, nor is it possible to escape its influence, the chief point of practice, remedy, or object to be held in view, is to obviate its effects: and as congestion of the blood-vessels appears the primary and principal one that ensues—from the quantity of blood in the European system, on arrival in India, being greater than the enfeebled power of the heart can keep in circulation—it follows, that to diminish the quantity of blood in an equal proportion, or to an extent that the heart can freely circulate the remainder, is the chief remedy and fundamental point to be accomplished in their prevention.

Estimate of the Reduction of Power or Debility, produced by the Climate of India upon the European Constitution.—And now, with reference to the quantity of blood to be withdrawn from the circulation to equalise and maintain this balance of power, the following rough estimate may serve some useful purpose in directing us. Assuming, then, that the mean annual temperature of the climate of our presidencies in India is 80°, which is about the truth, and 50° is that of Great Britain; say, however, that 60° is as equally congenial as the latter; and that man's strength is in the same proportion, or inversely as these two numbers 60 to 80, or relatively in favour of power in the cold climate as 8 is to 6; and that the heart's power, or force of circulation, is in the same ratio. And next estimating that the quantity of blood to be kept in circulation is as a fifth part of man's weight, and averaging this at ten stone, or one hundred and forty pounds, is, therefore, twenty-eight pounds, it follows that the quantity of blood, which the European upon this estimate is in excess on his arrival in India, is as one-fourth of this amount, or seven pounds!

Blood-letting the chief preventative remedy.—Accordingly, with the above estimate, it follows, that to secure the European against those diseases to which he will be unavoidably exposed, and otherwise subject to on his arrival in India, seven pounds of blood should be removed from the general current of his circulation. However startling this quantity of blood may at first sight appear, which our reasoning has deduced as being necessarily withdrawn from the circulation to secure perfect exemption from disease, it does not follow, nor do we think of recommending, that blood-letting is to be practised to this extent, far from it. The conservative powers of the system will dispose of a part in the formation of fat; increased perspiration will also relieve the system; and there are other accommodations she is capable of; and accordingly, although it will not be prudent to tax her energies to too great an extent, we may venture to do so to two-thirds or half this amount, dependent upon the age and constitution of the individual, and artificially withdraw the remainder.

Free Blood-letting, its importance.—That our estimate of the quantity of blood to be removed from the circulation, to secure perfect exemption from disease, is not far from the truth, we may infer from the fact, that blood-letting to the extent named is not unfrequently necessary to arrest the severer forms of disease when they do occur: and I may further add, in favour of free blood-letting, that the frequency of relapses, or recurrence of these diseases, is attributable, I believe, to the insufficiency of bleeding generally practised in their treatment, it not being carried to the extent it should be, namely, the perfect removal of the cause—congestion, which gives rise to it: hence, it only requires the accession of some fresh debilitating or exciting cause for its redevelopment. The tone or strength, however, of the patient it is equally incumbent to establish, to prevent the recurrence of the disease; which is too much neglected.

Reduced Diet necessary.—And finally we must observe, in addition to the depletive means to be pursued to equalise the circulation, to maintain its balance, and secure health, it is necessary the diet of the European should be reduced in nutriment in the same proportion, that is to say, to the extent of one-fourth of his former supply.

Purging a debilitating process; not so Bleeding.—The mode of depletion is next to be considered; the most simple, direct, and effectual, is that of bleeding from the arm. Purging, or other evacuation, can never fulfil the same purpose. The aqueous and more fluid parts of the blood may be evacuated by such means; but it must be then remembered, that the remainder is left in a proportionately thickened state, and one, perhaps, incompatible with its free circulation: and further, that in accomplishing even so much, it is at the expense of deranging the healthy functions of the stomach and bowels, and thereby further weakening the active energies of the system. It may, therefore, be safely affirmed, that there is no substitute for bleeding where this is unequivocally indicated, as in the present case; and that bleeding, judiciously conducted, is not in such cases a debilitating process, but directly and absolutely the reverse, as, by removing resistance to be overcome, it gives force to the heart's efforts, and energy to the system at large, by the blood's free circulation.

Blood, quantity to be withdrawn.—Bleeding from the arm is obviously, therefore, the chief of remedies indicated to prevent the occurrence of diseases, as it is in like manner the principal one in their treatment. To secure the system in perfect exemption, our computation would appear to warrant this

being carried to the extent of seven pounds; but as I before observed, the conservative and accommodating powers of the system by which fat is engendered, and excess of blood, in a limited degree, in this and other ways provided for, render so large a quantity as this being artificially withdrawn quite uncalled for; but from two to four pounds, taken at two or more operations, may be very properly recommended, dependent upon the constitution, age, and circumstances of the individual.

Means of Prevention, particularly detailed.—To descend to particulars, we should advise, as a general measure of prevention of the diseases to which the European will be subject on his arrival in India, that on his passage out, during the last month of his voyage, he be bled, at two or more operations, at intervals of at least a week between each operation, to the extent of a pound or two; and that his diet be diminished also, in the article of meat in particular, one quarter of his usual amount. And further, after his arrival in India, that the bleeding be repeated once or oftener as circumstances may indicate, and his constitution and age justify, during the first few weeks after his disembarkation; and that, in addition to the regulation of his diet, which should consist largely in rice and vegetables, a weekly dose of some mild mercurial purgative should be administered during the same period.

Acclimatising the European.—The means I have pointed out, I unhesitatingly aver, would prove much more effectual in acclimatising the European soldier to India than those at present pursued: which consist in first sending the regiment to New South Wales, to the Cape of Good Hope, or to the Isle of France, where, in point of fact, the acclimatising they undergo is in reality the bleeding they are there subject to, in the treatment of the diseases to which they become exposed, which are much the same in kind to those prevalent in India, though, proportionately to the milder temperature of those places, minor in degree.

Attention to the Symptoms of Premonition of Disease urgently advised.—Conjointly with the means of prevention I have already pointed out, I cannot too strongly advise that a weekly examination of the men take place by the surgeon of the regiment, and that every man be directed to attend to the symptoms of premonition of disease, and which he should be made distinctly to comprehend. And were this attended to, and the means of prevention recommended, carried fully into practice, I feel no hesitation in saying that health might be preserved and mortality averted among the European soldiery—the bulwarks of our empire in the East—to an extent, that the frequency of disease and mortality should not exceed the ordinary average of the soldiery located in Great Britain.

Facts adduced in favour of the preventative means of Blood-letting.—In favour of the preventative means ofblood-letting being pursued, I shall mention a few facts which came under my notice. The first is, that when I was surgeon of the third battalion of Artillery in 1828, I could not help observing that whilst all the men of the battalion were dieted the same, and their duties and exposures to disease were in every respect alike, disease, as far as those who frequented the hospital, was confined to a limited number only. To solve this problem, I had the whole of the men brought to the hospital for my examination, when, much to my surprise, I found that bleeding piles was prevalent among them to an extent I had no conception of, and this was very generally the cause of exemption from the diseases to which the others were so subject. Another case of the same kind I think deserving narration: it wasthat of a distinguished officer of cavalry, a lieutenant-colonel, at whose house I remained a few days, some years ago, in travelling through Arcot: he was a man having all the fun and vivacity of youth about him, although no chicken, as may be supposed by his rank in the service; I was struck, moreover, with his free habits—a bottle or more of beer both at tiffin and dinner, with a proportionate quantity of wine, and solid good cheer, was his daily proportion. How all this was to be reconciled to his apparent good health and spirits I could not comprehend, and took an opportunity of telling him so; when he replied to me, "Doctor, I will let you into a secret; a large expenditure requires a handsome income for its support; and this you will acknowledge, when I tell you that I never visit a certain place, but which I do regularly every morning, that I do not lose half a pint of blood by the piles, to which I have been long subject:" this explained matters. And lastly, in favour of the preventative means of blood-letting, we may adduce the very important fact, that this is the universally-acknowledged chief remedy in the treatment of these diseases when they do occur; which argues, as Dr. Barlow very justly observes, with reference to another class of affections of the same inflammatory character, that "a corresponding treatment to that which is found most effectual in relieving the disease when it does arise, would, it is fair to suppose, best obviate the antecedent stages, and, by correcting the error at its source, avert altogether the consequences which otherwise result from its continuance," or, in other words, prevent the occurrence of the disease altogether.

Part III.

Of the Life and Heat of the Animal Body, and on the Effects of Climate and Season thereon.

Life and heat are both derived at birth from the parent, but are maintained after-

wards by the air and nutriment received into the system from without (through the medium of the stomach and lungs), by the agency of the chemical affinities existing between their constituent particles, and exercised in the appropriate apparatus afforded by organisation, or the structural endowments of the system, for their development and exercise, life absolutely being the sum of these powers.

The principle of life, or nervous power, is, in reality, electricity, which, under the excitement of heat, is evolved from the blood at the extreme points of the circulation in the capillary vessels, or those intermediate, the arteries and the veins, in which the final changes in the composition of the blood take place, and which, entering into the structure of all the organs, fulfil the offices of nutrition, assimilation, and secretion. And for the perpetuation of this process, and as a result of the combination which is effected in these vessels, between the oxygen of the blood derived from the air in respiration, with carbon, one of the constituents of the nutriment received also into the blood, from the stomach, caloric, or heat, in the required degree, is evolved; and simultaneous with which the evolution of electricity also attends this slow combustion of carbon in the system, and is, indeed, the principal source of its production: for it is a fact, that whenever oxygen enters into chemical union with a body, electricity is evolved, as we see exemplified in the galvanic trough.

Organic Life.—And thus the source of heat and electricity, or vital temperature and nervous energy, being the chemical changes effected in the composition of the blood in the organic structure: hence the general and equable temperature and vitality, or organic life, of the system—the same in kind as exists in the vegetable world.

Animal Life.—In the animal creation there is, however, to the organic superadded an animal life, connected with organs of sense and volition, and influenced through the medium of the brain and nerves.

This is, however, superinduced by, and is wholly dependent upon, the organic life. The nervous system consists of brain and spinal marrow (as the last is a mere prolongation of the former, extending from the skull down the spinal column, we shall speak of both under one general term of brain), and nerves, or fibrous cords: the latter proceeding from, and being connected with, the brain, the conveyancers of electricity and impressions from and to the brain. To fulfil both these purposes there are necessarily provided two sets of nerves, one of sensation and the other of volition; the former proceeding from, and being connected with, every capillary vessel throughout the system, collect the electricity from its source, and transmit it and sensation to the brain, the common receptacle and general depository of the system, as well as the seat of sensation. The electricity, thus brought from its source in the capillary system to the brain, it excites to the various operations of the mind, or the organs of sense connected with it, to their respective functions; or is transmitted by the second class of nerves to the numerous muscles of the body, for their excitement, at the pleasure of volition; or is conveyed by another pair of nerves, the pneumogastric, to the lungs, in aid of the respiratory function, and to the stomach, in furtherance of that of digestion; as well as to the liver and other abdominal organs connected in the digestive and secretive processes, and associated in the formation and purification of the blood.

Vital Functions, and Resuscitation from apparent Death.—In addition to those already pointed out, there are another set of nerves, the sympathetic, connected with the heart, stomach, and bowels, and all the rest of the involuntary or vital organs. These nerves are derived from twigs, or fibres, detached from every nerve of sensation and importer of electricity, before it communicates with the brain, a ganglion being interposed; hence the action of the heart in the circulation of the blood and functions of assimilation in its formation, being primary, in the scale of animal existence, to the sensorial and voluntary functions, or those of the brain, are the first to receive an electrical supply, and the last to lose it, as long as any is generated in the capillary system. And hence, after the decapitation and apparent death of an animal, vitality in these organs is still maintained for a considerable time; in short, for as long a period as any oxygenated blood is furnished by the arterial trunks for chemical change, and excitement of the capillary vessels: and thus it is that reoxygenating the blood, by inflating the lungs, and imparting heat at the same time to the apparently dead, that resuscitation and animal life is so often restored; and, finally, that after death the arteries are found empty.

Health and Spirits, why influenced by Atmospheric Changes.—From all these considerations it will be obvious that the vigour of life, or active joyous health, must be, to a great degree, proportionate to the energy of the chemical actions maintained, or electricity evolved in the capillary system. And thus it is that our feelings of health and spirits are so amenable to atmospheric vicissitudes, and other causes influencing these chemical operations in the system, in common with the vegetable kingdom, and every other chemical operation in nature.

Equability of Animal Temperature how maintained, and Effects of Climate and Season on the System.—And next, with respect to climate, we must observe that, as every species of animal has its own particular temperature, we may fairly infer that this, its specific heat, is essential to the perfection of

the chemical changes going on in its system, and to the well-being of the individual, as we see exhibited to us in the vegetable kingdom. And hence, as man's temperature, in common with many other species of animals, is 98°: how simple and beautiful the Almighty's law, whereby this degree of heat is equably maintained in the system at all seasons of the year, and under every variety of temperature of climate. This equability of temperature is maintained simply by the density or rarity of the atmosphere attending the change—cold condensing, and rendering the air proportionably richer in oxygen, and thus respired, augmenting chemical action in the system, and the development of heat and vitality, where, in a cold climate or season, it is more abundantly required; and the reverse in a hot climate, heat rarifying and attenuating the atmosphere; and thus in a given volume so diluting it, and diminishing thereby chemical action, that less heat is evolved from the blood, where, to maintain the proper temperature of the animal, the surrounding medin and abstracting agents require less, should be developed in the system.

Debility of Hot Climates and Character of the Natives.—Finally, we must remark, that proportionate to the development of heat, so is the vitality or electrical excitement of the system; and hence, from diminished or defective excitement, the debility experienced in hot weather, and the disease to which the European is so liable in India, and in hot climates, as we see exemplified in India, from the continued operation of this cause, the less intensity of thought, the less bodily vigour, and apathy of character of the natives, compared with those of more temperate climates; I say temperate climates, for the direct effect of excess of cold upon the system is to abridge the process, and extreme cold to arrest it altogether—or, in other words, destroy life: and hence it is that so many aged and delicate persons die during severe winters, even in the temperate climate of Great Britain.

Bath, October 11, 1841.

(*To be continued.*)

DISSECTION
OF A
CASE OF SPINAL CURVATURE,
WITH REMARKS.

By John Gay, Esq., Surgeon to the Royal Free Hospital, &c. &c.

E. G., a delicate-looking young woman ætat. 23, applied to me on account of her, sufferings from a postero-lateral curvature of the spine, which involved some of the lower cervical and upper dorsal vertebræ, and had its convexity towards the left. She referred her deformity to a violent attack of pneumonia, which occurred to her at the age of twelve, rendered her life for a time hopeless, and produced a difficulty of breathing, from which she has never since been free. About the same time she had a fall, which so affected her left arm and hand, that she has since constantly used the right; and that in carrying heavy weights, such as buckets of water, baskets of clothes, &c., her deformity gradually increased, and with it her general distress, until life itself became so irksome, that she expressed herself willing and desirous to submit to any treatment which might afford her the slightest chance of relief.

On attempting to straighten the spine by extension, two muscular bands, composed of fibres of the sacro-lumbales, were observed to be excited to powerful and resistant contraction, one on either side of the vertebral column. These bands could be traced from the vertebral aponeurosis, common to the erector muscles of the spine, to the angles of the ribs, and to the vertebræ principally concerned in the deformity. Shortly after I saw her she was seized with fever, and died. During her illness she complained of acute pain at the apex of the left lung, which was only relieved by pressing down the common cartilages of the sixth, seventh, and eighth ribs. The following is an account of the post-mortem examination, which I had an opportunity of making, with the valuable assistance of my friend, Dr. Jeaffreson:—

On removing the integuments, the muscles of the chest both before and behind were found to be but very feebly developed, and pale; the intercostals on the left side had lost the usual characteristics of muscular tissue, and become to all appearance degenerated into a mere membranous expansion. The sacro-lumbales and longissimi dorsi, together with the powerful aponeurosis from which many of their fibres arise, were, on the other hand, comparatively large and powerful; the abdominal muscles were similarly proportioned, although they partook of the general feebleness of integral structure. On opening the abdomen, the diaphragm was observed to be very powerful; its muscular and tendinous portions were dense and strong, and its ascent into the cavity of the chest was unusually high.

At this stage of the dissection, an attempt was made to straighten the spine by the application of extension to both extremities, which caused the sacro-lumbar fascia to become tense and resistant. That structure having been divided by a transverse incision, the forces were again applied, and a very trivial amount of elongation was evinced by the separation of the edges of the wound in the fascia just mentioned to the extent of half an inch; but of the muscular bands, which during life were brought into very marked and energetic contraction by similar

means, no traces whatever could now be discovered. All the muscles which are known to affect the spinal column were next removed, together with the contents of the chest and abdomen, and a further attempt made to reduce the curve; but it was perfectly unavailing, beyond the slight yielding recently referred to. Force was now applied in other directions with the same end in view, but in despite of all, the column retained its curvature.

The chest was unsymmetrical; the left shoulder being higher and more rounded on its posterior aspect than the right. It was also flattened in front, and altogether less conical than in a normal condition, which arose from a greatly-increased obliquity in the direction of the bodies of the ribs generally, but of those especially which were more immediately influenced by the curvature. The curve itself was formed principally by the three lowest cervical and six upper dorsal vertebræ. The angles of the second, third, fourth, fifth, and sixth ribs, on the left side, were so closely approximated to the spinous processes of the vertebræ, that, together, they formed a very prominent sharp ridge, with a curve parallel to that of the spine; from this ridge the bodies of the ribs were continuous obliquely downwards and outwards, so that the scapula rested on the side rather than on the back of the chest. At their curvatures on the right side several of the ribs were in contact, and on the left they were not nor could be separated from each other to their usual extent. Another result was, that the common cartilages of the seventh, eighth, ninth, and tenth ribs on both sides intruded upon the epigastrium, and on the left formed a remarkable prominence over the seat of the stomach.

The general appearance which the walls of the chest presented, as far as the ribs were concerned, was that of their having been drawn downwards beyond their proper sphere of action by the abdominal muscles, and flattened, or rather bulged inwards, by the diaphragm.

The intervertebral fibro-cartilages along the whole course of the curve had become thinned on its concave and thickened on its convex side, apparently the result of interstitial absorption and deposition, and consequently retained no power of resilience to aid, or passive elasticity to permit the restoration of the spine to its normal shape, in the event of other obstacles having been removed.

The lungs were small, emphysematous, and adherent to the chest along their posterior surfaces by means of pleuritic bands. The upper lobe of the left lung, the situation in which she complained of pain during her last illness, presented very considerable sero-sanguineous engorgement, without any trace of tubercular deposits. The heart was large, and forced out of its position slightly towards the right side of the chest.

The foregoing examination I have considered to be sufficiently important to merit the attention of the profession, as it bears upon the question as to the admissibility of operations for the cure of spinal curvature. The division of fibres of the erector muscles of the spine, or rather of the aponeuroses to which the principal masses on the one side are attached, has been of late much practised, with the view of permitting the column to be straightened by the after-use of mechanical agents. The adoption of such a course of treatment has obviously been founded upon a fancied analogy between these and other distortions, such as clubbed-foot, contraction of the knee-joint, &c.: an analogy which the few records of post-mortem examinations, of which the case just related is but a mild specimen, demonstrate to be perfectly defective. In this instance it is probable that a permanent injury to the contents of the chest (the lungs and pleuræ more especially) from the serious illness in early life, had an effective relation to the deformities of the osseous system which followed; but whatever, in reality, constituted the immediate cause, it is most important to note that the structures composing the boundaries of the chest, especially the bones and fibro-cartilages, had in the course of time become altered from their original form and relationship by organic action. The ribs and spinal column had not been merely twisted or bent from their normal course or shape, and so kept by forces acting upon them from without, but had been evidently (as it were) remodelled during the lapse of several years, in conformity with the plan upon which, it is not improbable that after the accession of permanent injury to its contents the whole chest had to be shaped, and that by organic action upon the very tissues themselves. In other curved spines which I have recently examined, not only were the intervertebral fibro-cartilages thus organically altered from their pristine shape, by absorption on one side and deposition on the opposite, but the bodies of the vertebræ themselves had undergone a corresponding change, and had become thicker on the convex and thinner on the concave side of the curve. In the catalogue of Guy's Hospital Museum by Dr. Hodgkin, there are several preparations mentioned in which, in addition to the changes just named, a secretion of bony matter has taken place on the concave sides of the curves anchylosing the vertebræ to each other. M. Bouvier has published several dissections of spinal curvature, which abound with interest. In a subject at the age of 18 months he says, "Un examen attentif en fait decouvrir la cause dans la constitution meme du rachis, dont la figure arqueè est produite par l'affaisement et le retrait des ligamens intervertebraux à gauche, depuis le quatrième

dorsal jusqu'au neuvième inclusivement, ainsi que par une diminution sensible de hauteur dans la côté correspondant des troisième, cinquième, sexième et septième vertèbres de cette règion." In another subject, at the age of eight years, similar changes were observed, and also in others who were examined at the ages of fifteen, thirty-five, and sixty-three, the alterations of the bones being greater as the individuals had advanced in age.

These pathologic facts appear to me to be abundantly sufficient to destroy the presumed analogy to contractions which do admit of relief by operation, upon which the division of tissues for the cure of spinal curvature has to all appearance been based, and to make it more than questionable whether the latter operation is at all justifiable. In the one set of cases the cause of deformity (as, for instance, in the case of a contracted knee-joint) is foreign to its seat, as the cord is to the bow, and may be termed, as far as the mere mechanism is concerned, "physical;" but in the other, the cause is "organic," and resides in the very elements of which the deformed column is constituted, mechanically analogous to the shape and bearing of the stone wedges which go to form an arch.

There may be, and no doubt are, cases where no such organic changes have as yet taken place, in which the curvature might have been produced by irregular muscular action, the consequence of scrofula, rickets, or other debilitating causes; but even these afford no indications for operation. My friend, Mr. Coulson (whose experience entitles his observations to attention), has remarked, and I fully coincide in his opinion, that in such cases the deformity may be cured by proper exercise, sea-bathing, and tonics; whilst in cases far advanced, such as those to which I have referred, all operations are worse than useless.

12, Pavement, Finsbury,
Nov. 23, 1841.

SURGICAL OBSERVATIONS.

By G. H. Smith, Esq., Surgeon, Penang.

MALFORMATION OF BOTH EXTREMITIES OF THE RIGHT SIDE.

Mayden, ætat. 8, a twin, born of Malay parents, who are naturally formed: the other twin was a daughter, and died four days after birth, but said to be perfect in all respects; has two sisters living, properly shaped.

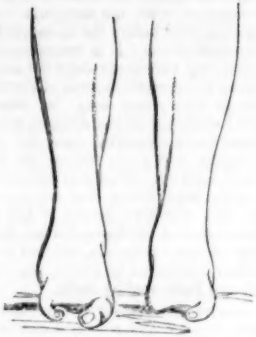
The right superior extremity more than one-third shorter than the same extremity of the left side; emaciated; extension and flexion can only be performed in a very moderate degree at the shoulder-joint; and there is no motion at all at the elbow. Both bones of the forearm are distinctly felt, but have no movement on each other. The metacarpal bones of the fore and little fingers, as well as those fingers, are wanting. The inferior extremity is a mere, short, thick stump, about five inches from the hip to the foot of the extremity in length; the bones of the thigh and leg are twisted in various directions, and cannot be individually recognised. A projection is felt like the elbow of the upper extremity, and pressure made on its sides causes pain of a similar nature to that produced by pressure made on the radial nerve in that situation. The foot naturally formed, and its motions free and perfect. The head, vertebral column, and ribs well formed: both jaws contained four incisors, two cuspidati, and six multicuspidati. Palate, uvula, tongue, &c., perfect. Organs of generation and organs of the senses the same on both sides, and entire.

Progression is effected by hopping on both hands and the foot of the naturally-formed extremity.

HEREDITARY MALFORMATION OF THE HANDS AND FEET.

Chorou, a Malay, from Gueda, ætat. 20. Upper extremities:—only three metacarpal bones are felt, placed side by side, in the usual situation, and of these the one at the ulnar aspect is much the largest. There is, however, a fourth, lying across their digital extremities, and apparently for the purpose of keeping them firm; attached by its one end to the metacarpal bone at the radial aspect, and by its other to the outer surface of the first phalanx of the only digit existing, which is articulated with the internal metacarpal bone. This digit wants the middle phalanx, and both motions are imperfect. The arrangement of both hands is the same, with the exception of the metacarpal crossing the others in the left, being attached to the middle of the three, instead of to the external, as is the case in the right hand. Lower extremities:—the formation of the tarsus, as far as can be ascertained, natural, and the movements of the tibio-tarsal articulation are performed with the usual freedom, and to the same extent. The metatarsal bones are deficient; two only are felt; and of these the fibular, or outermost, is the larger, and apparently the one that should correspond with the situation of the great toe, the other very short and thin. There are two digits, one in the natural situation of the little toe; and in this case, articulated with the great metatarsal, is a little longer than that toe usually is, and its point is bent inwards: the toe, therefore, describing a curve, the convexity looking forwards, and the concavity turned to the rest of the foot. The other digit is articulated with the internal cuneiform bone, and in length, number of phalanges, mode of articulation, and movements, corresponds, in all respects, with

the thumb and its metacarpal bone. This digit is curved outwards, the concavity also looking to the rest of the foot, by which arrangement the lower part of the extremity has much the appearance of a crab's claw. This is the arrangement of the right, and the left foot only differs from it in wanting the digit corresponding with the thumb.



He walks steadily, but any attempt at a quicker pace endangers his equilibrium; the hands are less useful; he cannot lift his rice to his mouth with them, the habit of the natives in eating, and is, therefore, obliged to have recourse to a spoon.

Both parents were Malays: the malformation descends from the mother—the defect in her case, however, was less. There were two fingers at the radial aspect of both hands, and both feet had an arrangement similar to this man's right foot. There was another son born of the same parents, whose formation was natural.

CONNECTION EXISTING BETWEEN

SEXUAL WEAKNESS AND MENTAL DERANGEMENT.

To the Editor of THE LANCET.

SIR,—In THE LANCET of Sept. 25th, I have read a letter addressed to you, headed, "Impotence not always Productive of Mental Depression or Insanity." This heading seems to me to have been chosen by the writer in opposition, as he supposes, to some opinions advanced by Dr. Smyth in his very interesting paper on Impotence and Sterility, which appeared in your Publication of the 28th of August.*

As an admirer of Dr. Smyth's paper, and as the majority of the opinions expressed in it agree for the most part with those I had previously entertained respecting the great connection which undoubtedly exists between the organs of reproductive life and the several conditions of the mind, both in its diseased and healthy state, perhaps you will not consider me trespassing on your valuable columns whilst I offer a few remarks upon your correspondent's letter. He states that it is not his intention to cast any doubt upon the facts but upon the inferences of the foregoing paper; and that this seems the more incumbent, because he fears that many of those who labour under that unhappy defect (impotence) will be greatly distressed by the admission of some of the opinions expressed in it. It did not occur to me when reading that paper that any of the opinions expressed in it were of a very distressing nature, or likely to have an injurious effect upon the minds even of the most sensitive individuals, so that I should hope his fears in this respect are completely groundless. But supposing that such might be the case, how fortunate it is for those individuals who are likely to be so distressed, that your correspondent so opportunely steps in as a comforter; and still more fortunate is it, that he, from his own experience, is able to produce three such cases as he brings forward, otherwise all his reasoning might have fallen to the ground, quite *impotent*, and the sufferers remained as distressed as before.

The interest of science does not permit, and particularly the science of medicine, that we should refrain from publishing the result of our observation and experience, least by so doing we might possibly distress the feelings of a few, though the majority would be benefitted.

In noticing, then, these important cases which he brings forward in support of his strictures, let us commence with the first, which we are told presented itself to his notice as a case of acute disease, and during the patient's convalescence he incidentally mentioned that he had disease of the testicles, which disease when examined was discovered to be scrofulous, being in existence twelve months, having completely disorganised the right and attacked the left. "During the last six months (of his life, I suppose, for it appears he died shortly after of consumption) this patient had no erections." It would have been something very wonderful, indeed, if he had with both testicles destroyed, or nearly so, and almost on the verge of the grave from tubercular disease of the lungs. This is the first case brought before our notice as a case of impotence. The second presented itself as a case of spinal disease, pronounced by one of our most eminent surgeons to be ramollisement of the medulla spinalis. It had been in existence two years, during which period the sufferer had had no

* The "heading" was prefixed by the editor, not by the author of the paper.—ED. L.

erections. The third and last presented itself as a case of some sort of disease, but what we are doomed to remain in utter ignorance of; "for obvious reasons," he tells us, it cannot be related, unless in very vague terms, and which are these: "A married gentleman came under my care for another disease, who incidentally remarked that he had had no erections for several years." Vague enough, certainly. What, then, was the other disease? Was it disease of the testicles and lungs as in the first case, or of the spinal marrow as in the second; or was it disease of the penis, spermatic cord, or any other part connected with the organs of generation? Until we are informed upon this point the case had better have remained untold.

These, then, are the few cases which, "for the interests of scientific truth no less than for the consolation of impotent patients," he relates from his own experience, and tells us that the symptoms attendant upon them are not in accordance with the statements of Dr. Smyth. And why? because one remained unaffected in intellect, temper, or cheerfulness, though suffering from disease of the testicles and lungs; another afflicted with spinal disease was capable both of anger and grief, and "so far from being apathetic was much more irritable and sensitive;" and a third showed neither apathy, imbecility, nor insanity.

I may here observe, that apathy is a word not met with in Dr. Smyth's paper; and as to impotent patients being neither irritable nor sensitive, let us take his own words: "The impotent or sterile patients will be feverish, fretful, and irritable; but none of those circumstances which usually excite anger and resentment in persons of sound mind have a similar effect upon them." It is surely quite obvious that your correspondent must be labouring under some misunderstanding respecting the statements of Dr. Smyth, and also I think respecting the disease under consideration, otherwise he could not have ventured to relate the cases he has given as cases of impotence. As well might he have taken a case of common continued fever, pleurisy, pneumonia, or any other disease either acute or chronic, which, during its existence, so materially depresses the animal functions, as to render the sufferer physically incapable of exercising the organs of reproductive life, and say here is a case of complete impotence of two, three, or six months' duration, whatever the time might be, and though I have been looking attentively for the symptoms which are said usually to accompany that disease, yet not one of them has made its appearance; and would not such cases be as admissible as cases of impotence as those given, and might we not as reasonably expect to find the usual symptoms of impotence accompanying them? I hope, however, there are but few medical men who would either admit the one or expect to find the other.

The case taken from the French journal, and related from memory, as an instance of "passionate anger and bloody revenge" in an impotent patient, I beg to say was not a case of impotence. The disease for which the young man had been attended by the celebrated surgeon Delpech, was varicocele, from which he had so far recovered as to be able to dispense with his surgeon's further services some time before the melancholy catastrophe took place. It is unnecessary for me to state that varicocele does not necessarily destroy the secretive power of the testes; and though that power may be impaired during the existence of the disease, yet after its termination in a healthy state the power of the organs will again resume its former vigour and activity. This was the condition of the young man whose case we are considering. The secretive power of his testes had been impaired, perhaps, during the active state of the varicocele, but that disease being either mitigated or cured, the organs had regained their healthy state.

The case of the dresser of the lamented Sir Astley Cooper was merely a case of delusion, and only serves to show what melancholy acts the mistaken belief even of impotence will induce the person so believing to commit.

As to the *eunuch* Narses, the Roman commander, we can only look upon his case as a solitary exception, and by no means proves that all *eunuchs* are capable of becoming commanders and conquerors, no more than the heroic bravery and undaunted courage of the *Maid* of *Orleans* prove that all women are born heroines.

Here I close my remarks upon your correspondent's letter, and hope that what I have said may induce him to reconsider the subject of impotence and its connection with mental diseases and insanity. It is a subject of great importance, involving the happiness or misery of many, and ought not to be lightly treated of, or opinions advanced upon it, without it having first been well ascertained that they are based upon proper and sure principles.

That some intimate connection and mysterious influence exists between sexual weaknesses and several of the deranged states of the mind, appears quite certain; but how far the one produces or is produced by the other, is a question, in our present state of knowledge, which must remain unanswered.

In conclusion, I join your correspondent in thanking Dr. Smyth for his philosophic paper, and hoping that he will continue to lay before the public the results of his observation. Yours respectfully,

OBSERVATOR AND M.R.C.S.L.

Brompton, Nov. 27, 1841.

ENLARGEMENT OF THE THYROID BODY,

WITH A COLLECTION OF

FLUID IN ITS SUBSTANCE,

AND ITS ANALYSIS.

To the Editor of THE LANCET.

SIR,—Some time ago I forwarded to the late Sir Astley Cooper a rare case of disease of the thyroid body, which contained a fluid having a large quantity of cholesterine as one of its constituents; it was published in "Guy's Hospital Reports" of April, 1841, and also in the 17th Number of THE LANCET, 1841. Since that period I have observed a case of a similar character reported by Professor Nasse, of Marburg. Having recently met with another case, in my own practice, nearly the same, I forward to you the following particulars for insertion in your very valuable Publication, as I consider that the pathological structure of a part so liable to disease as the one in question cannot be too well elucidated to enable us to use our therapeutic measures with success. I have the honour to be, Sir, your obedient and much obliged servant,

J. MASSEY.

Nottingham, Dec. 1, 1841.

Mrs. Mathews, ætat. 36, the mother of five children, has enjoyed tolerably good health till within the last twelve months; she has an enlargement of the thyroid body, which has existed ten years; its increase has been gradual, and not attended with pain; of late it has become of such magnitude as to cause great inconvenience, more particularly during the last three or four months.

Feb. 16, 1841. Her complexion is sallow; she complains of nausea, headach, vertigo, and there is general turgescence of the vessels of the head; *the bowels for twelve months past have been very costive, the evacuations scybalous* with flatulency, and irregular pains over the abdominal region; dyspnœa, accompanied with wheezing and a sensation of choking, much increased by stooping and unusual exertion; the throat is dry and husky, producing a tickling cough; she feels as if a cord were tied round her neck, and a heavy weight placed behind and between her shoulders; she also complains of a numbness of the hands and fingers, which is not the case with the lower extremities; she has palpitation, with pain over the right hepatic region; has never had jaundice, although there is now a very slight yellowness of the conjunctivæ; both lobes of the thyroid body are considerably enlarged; on the right side it extends inferiorly to the clavicle; superiorly to the upper border of the thyroid cartilage, and posteriorly behind the posterior border of the sterno-mastoid muscle; on the left side the disease is much less extensive; the connecting portion or isthmus is tense, elastic, and very prominent in front of the trachea, separated from the lateral portions by a groove, giving to the whole the appearance of three lobes of different sizes and characters; the right lobe had a distinct lobulated feel, the left being more of its natural structure, while the third or central portion had an uniform globular surface about the size of an orange, with an evident sense of fluctuation; the lateral portions descending on each side of the windpipe formed, with the transverse portion above, a kind of archway, in the centre of which the rings of the trachea could be readily felt.

20. Introduced the exploration-needle into the superior or central portion, and evacuated two ounces of fluid of a deep brown colour, having crystalline particles floating in it. This portion of the tumour was by this means reduced almost to its natural size. I forwarded the fluid to my friend, Dr. Wright, physician to the Dispensary, Birmingham, who favoured me with the following analysis of it.

ANALYSIS.

Slightly alkaline, but containing no ammonia, sp. gravity 1.0386.

COMPOSITION.

Water		823.640
Colouring matter		67.250
Albumen		59.600
Cholesterine		19.870
Oily matter		5.190
Gelatine		8.320
Salts (chlorides, phosphates, sulphates, carbonates)	soda and lime	11.950
Loss		4.180
		1000.000

She was directed to rub in freely the iodide of potash ointment, and take twenty drops of the solution of iodine three times a-day.

26. Since the evacuation of the fluid the enlargement has assumed a totally different appearance; the two lateral portions approximated to each other, forming one tumour in front of the trachea; the centre portion has entirely disappeared; the whole mass being to one-half its original size, is more firm to the touch, not painful, and has no sense of fluctuation; the breathing is more free, and her general health ameliorated. Continue the remedies.

March 2. Much as before; the tumour gradually diminishes. Continue medicines.

April 20. The bowels continue costive, and she has suffered from febrile symptoms for the last week.

℞ *Solution of acetate of ammonia*, ℥iss, every four hours; with ten grains of *compound rhubarb pill*, every night. The tumour is now about the size of a hen's egg.

May 2. Has been unable to attend since last date, having suffered from a severe attack of fever. The febrifuge remedies were continued during that period.

18. The tumour is somewhat reduced in size since last report. Have to-day introduced a seton of silk, and directed a poultice to be applied over it. Continue the mixture, and take a scruple of compound rhubarb powder every other morning.

30. The seton removed: it has discharged a serous fluid, partaking of the same nature as was evacuated by the needle; she thinks the tumour is about one-third less than before its introduction; complains of palpitation; general debility; *the bowels now are daily relieved*. Six leeches to be applied twice a-day.

℞ *Iodide of potash*, ℥j;
Solution of potash, ℥ij;
Compound infusion of gentian, ℥viij.
M. ℥j, to be taken every third day. Ten grains of the *compound rhubarb pill* to be taken every night.

June 22. Since last report she has continued the treatment prescribed with considerable advantage; her appetite is better; her general health is much improved; bowels continue to be regularly relieved with a mild aperient; there is a discharge of sero-purulent matter from an opening left by the seton. This has been analysed also, and does not contain cholesterine; the complexion is less sallow, and the conjunctivæ free from any bilious tinge; the tumour has very considerably diminished, and is not at all painful. The blue ointment to be rubbed on the part, and the medicines to be continued.

28. The wound is now healed, and the tumour diminished to the size of a small pigeon's egg.

Nov. 25. Since last report I have not seen the patient, as she lived in the country, but have been informed of her death, which was caused by a disease totally different to that I have reported. The above case is very interesting, not only in showing the abnormal secretion of this body, but also from its separating with the other fluids so large a quantity of cholesterine; also the very torpid state of the bowels before the fluid was evacuated from the cyst, and a considerable reduction in the volume of the tumour had been effected by the remedies, and from their altered condition in this respect subsequently—vide Feb. 16th and May 30th. Another remarkable fact is, the change which took place in the situation of the tumour after the use of the exploration-needle.

The difference in the appearance and character of the enlargement observed in the three portions of this body, illustrate very clearly its pathological condition and development. On the right side the lobular structure was large, and the cells throughout its entire extent appeared to be distended with fluid, although not in that quantity necessary to rupture many, if any of them; on the left side the lobular structure was much smaller, and approximated more to its natural state; whereas in the central portion the secretion had accumulated in so large a quantity as completely to rupture the cells, and convert the whole of this portion into a cyst, from which the fluid was evacuated.

The questions suggesting themselves are, firstly, whether the disease called bronchocele does not primarily consist in an enlargement of the thyroid body, produced by an increased natural secretion into the cells of one or more portions of its lobular structure, varying in quantity according as the exciting or predisposing cause shall have greater or less influence; and, secondly, whether this fluid does not become altered in character, as the vitiated condition of the circulating system shall eventually determine.

I have a number of cases of a similar nature at present under my care, which will enable me, I think satisfactorily, to dispose of the above questions.

INFLAMMATION OF THE BRAIN.

TREATMENT BY VENESECTION.

Communicated by Rich. Moore Laurance, Esq., Berlin.

Case of Inflammation on the Brain of a Child Three Years of Age, brought on through a Cold; with Remarks as to the beneficial Effects of Venesection, even upon Delicate Constitutions, in this dangerous Disease. By Dr. Fisher, of Vienna.

An affection of the brain, brought on from a cold, exhibited itself by a *stupor*, and by the child's grasping at its head, especially the occiput, clenching its teeth, and screaming. The child was of a weakly constitution, but notwithstanding, four ounces of blood were taken from the feet, besides ice being applied to the head; opening clysters, with vinegar, and half a grain of calomel, were given; upon which the already-commenced locked jaw gradually decreased after the bleeding. The following day eight leeches were applied behind the ears, and in the afternoon three ounces of blood were again taken from the feet. The rest of the treatment was antiphlogistic. A furunculus formed itself on the occiput, upon which I had the satisfaction to find that the patient recovered.

CASE OF

PUERPERAL CONVULSIONS AFTER DELIVERY.

By M. Barry, M.D., Richmond.

Puerperal convulsions *after delivery* are happily of infrequent occurrence, and are usually so fatal, that I feel a sort of justification in reporting a case which came under my care a few months ago, and the favourable issue of which may with fairness be ascribed to the use of the remedial measures employed on the occasion. In this instance the proximate cause of the convulsions was clearly cerebral congestion; the predisposing cause was not so manifest; but if one might hazard a conjecture on the point, the parturient efforts would probably be it. With regard to the remedies, bleeding and calomel will rank first; the latter I employed from having seen its power to quiet an irritable mucous tract. Castor, obsolete as it is, deserves credit for being able to rectify certain ill conditions of the uterus, as well as to restore suppressed lochial discharges. Hydrocyanic acid is avowedly capable of inducing a quietude of system in nearly all analogous cases (where alvine or uterine irritation is remotely doing harm), which cannot but be favourable to the views of the practitioner.

Case.—On the 21st of July last, the accouchement of Mrs. N., Sandy Combe-lane, Twickenham, was expeditiously accomplished without anything of an untoward or suspicious nature having presented itself beyond the fact of her not having experienced any, the slightest, pain or inconvenience, during the prognosis of this her first labour, although the action of the uterus had been powerful and consecutive, and the child not below the average size. This inability to feel pain was calculated to make one watchful, but was not enough, *per se*, to warrant active interference; and here it will be right to premise, that the delivery did not take place during a fit.

About four hours after my departure, I attended in obedience to a hasty summons, and was told that the lady had had a fit. This, on diligent inquiry, I perceived was not the fit, but its precursor, in the shape of violent tremors of the whole muscular system, which on my arrival had subsided into the following condition:—Tumefied features; unusual beating of the carotids; great distension of the veins of the neck, seeming as if unequal to the task of returning the blood with the same alacrity that the arteries manifested in imposing it upon them. The uterus was hard and somewhat distended, and rather impatient of pressure, to such an extent only as would indicate its subordinate participation in what was going on. The tongue was moist, large, and flaccid; the pulse was 96, and of great volume. Thirty ounces of blood were promptly taken from the arm, when she fainted, and did not recover until after an unusual time, at the expiration of which, and almost simultaneously with returning consciousness, the convulsive fit came on, with its characteristic hissing respiration, distorted features, fearful commotion of the voluntary muscles, and foaming at the mouth, &c., constituting a whole which cannot pass lightly from the memory when once witnessed.

During this distressing struggle it was neither practicable nor expedient to keep my finger on the aperture in the vein, so that about twelve or fourteen ounces of blood were lost, which had the effect of again blanching the cheek, and inducing faintness, from which she did not readily rally. This latter incident made me alive to the awkward sequelæ of protracted inanition in a lymphatic temperament, such as was under treatment.

On her recovery she expressed astonishment at the appearances of concern which were manifested by those in the room, as, according to her own views and feelings, she was quite well. The tongue was moist and red, but large and flaccid; still the pulse was 98, and increased in volume; the state of the pupils indicated cerebral congestion; and there was a short, hesitating cough, with slight mucous expectoration, sparingly tinged with arterial blood, which must have resulted from the rupture of some small vessel, with effusion into the air-vessels of the lungs, there being no wound of the mouth, or other means of accounting for it. Ten grains of chloride of mercury were given; an active enema administered; the hair removed from the head, and cold water applied. Warm fomentations to the abdomen were assiduously employed, and the legs immersed in hot water. Two hours were passed thus, and a second enema had been used without effect, when another fit supervened, stronger and longer than the former. Again the bandage was removed, and bleeding caused, by a little rough usage of the orifice, the only direct thing that could be done at the time. The loss of six or eight ounces of blood again caused a protracted syncope, which I was resolved not to reproduce if possible. The bowels were partially acted upon during the convulsive efforts, and afterwards were freely emptied; a quantity of frothy mucous saliva had accumulated in the mouth, and it is remarkable how exactly it resembled that found usually in all persons who die by drowning, and is, doubtless, whipped into this peculiar state by the agitation which it undergoes during the respiratory struggle. The cough was still troublesome, but not to the same extent as before; the tenderness over the uterus was improved in like manner, but not removed; and while

that organ tenaciously refused to part with any of its contents, the bladder was emptied of a copious quantity of high-coloured, strong-scented urine by the catheter. There was present a slight sickness, which I was disposed to attribute to the effects of the calomel. Five minims of dilute hydrocyanic acid were given, and repeated every hour, in a little camphor mixture, for four hours, manifestly with the effect of quieting the cough and removing the sickness. At the end of the four hours, however, the features became enlarged, the memory became confused, and the arterial system accelerated; in short, everything betokened the approach of a fresh attack.

In anticipation of this state of things, leeches had been procured, and without delay twenty-five were applied to the anterior and lower part of the neck, and mustard applied to the feet. The good results were soon apparent in the speedy check given to all the threatening symptoms. No feeling of faintness or inconvenience resulted from the use of the leeches, and I should feel disposed to rely very much upon them again, after a first general bleeding. Ten grains of powdered castor were directed to be taken every other hour, and the prussic acid to be taken at alternate periods. The latter was used for six hours, when it was deemed prudent to discontinue its use, and the castor was continued for twelve or fourteen hours, until the lochial discharge appeared, with a few interruptions only; after which a moderate use of castor-oil, with the careful exclusion of light and noise for two or three days, were the measures adopted. In three weeks the patient was able to leave her room, and in six weeks was comparatively well, and continues so.

Richmond Bridge, Dec. 1, 1841.

DISEASE OF STONE AND MARBLE-CUTTERS.

To the Editor of THE LANCET.

SIR,—The circumstances connected with the sudden and lamented death of the late celebrated Sir Francis Chantrey, are such as tend to confirm me in an opinion I have long since formed and expressed, namely, that sculptors are professionally liable to the attacks of that insidious disease called in Scotland the "mason's trouble," and which arises from the particles of the dust, or *stour*, chipped off under the stone chisel and mallet, entering the fauces, and thence being conveyed through the larynx and pharynx into the lungs and stomach. On the occasion of the death of the late Princess Marie, Duchess of Wirtemberg, and daughter of Louis Philippe, I took occasion to point out that her disease, stated to be consumption, had been most probably a form of the "mason's trouble," brought on by her unremitting devotion to the beautiful art of sculpture, in which she remarkably excelled, as so many *chef d'œuvres* from her chisel, which adorned her *atelier*, bore decided testimony.

Now, Sir, I am inclined to attribute the death of the late eminent sculptor, Sir Francis Chantrey, to a like cause. The symptoms detailed by his medical advisers at the inquest are just such as are found attending on this disease, namely, indigestion, accompanied by an acute pain at the pit of the stomach, which occasions the disease, on its first manifestation, to be mistaken for an ordinary attack of dyspepsia, and treated accordingly. The suddenness also of the death brought on by the preceding exertion of the attempted walk towards the palace, is also such as might be expected; as though long looked for, when death does come it is almost always rapid, or, as I would say, the disease terminates generally in *asphyxia*, supervening on some exertion too great for the bronchiæ, almost choked up by the long-continued accumulation of the particles of the dust. To this, therefore, I am inclined to attribute his death rather than to spasm of the heart, as recorded in the verdict of the inquest jury.

This subject I am induced to bring before the notice of your readers, through the medium of your widely-circulated Journal, not only on account of the highly-interesting connection it has with the fine arts, but even still more for the important light in which I feel it deserves to be viewed in its bearing upon medical jurisprudence, as serving to elucidate one of the causes of sudden death occurring among the professors of the sublime art of sculpture.

I would here observe that the disease called "mason's trouble" is much more common, and, consequently, better known in Scotland than in this part of the island, on account of the buildings in that country being generally of stone. I am, Sir, your obedient servant,

WILLIAM VILLIERS SANKEY, M.A,
Extraordinary Member of the Medical Society of Edinburgh.

30, Harmood-street, Dec. 4, 1841.

TREATMENT OF INSANITY.

"Time has been when the brains were out the man would die."

To the Editor of THE LANCET.

SIR,—I have no desire to lessen the population by putting to death those whose opinions become superannuated, but I could wish them possessed of prudence sufficient

to hold their tongues. The late meeting of the London Medical Society is a melancholy proof that such is not the case in that erudite assembly.

If learned old gentlemen must be permitted to talk learned twaddle, it would be well if they would select a subject for that purpose wherein the real interests of the community were less deeply involved than that of insanity. Even a fellow-feeling might actuate them in some degree, one of its varieties being mental weakness.

Are these antiquated assertions, Mr. Editor, really a fair specimen of the reasonings of that venerable society? If so, let us hope that they will be estimated as they deserve: it cannot occur to these bygone doctors that any improvement may have taken place in science since the days in which they were consulted; they seem just awake, and quite unconscious of all which has occurred in the world relative to insanity since they fell asleep.

The only hope is, that no poor wight just commencing the practical treatment of insanity, will adopt the opinion that lunatics can bear with impunity the operation of drastic medicines—nothing is more at variance with truth; and if he begin to drench his patients with elaterium, he will soon reduce their number. Every man who has much practical knowledge of insanity is quite aware that he has much to fear, and nothing to gain, from medicines whose effect is to produce debility.

But has the emancipation of the poor lunatic from straps and ligatures been useful only for empirical purposes? Has it added nothing to the comfort of the sufferers themselves? The man, even if a learned doctor, must be strangely ignorant of the medical practice in that department to assert the contrary.

But we are told, as a proof of this statement, that the Hanwell Lunatic Asylum sends forth no more cures than "any other well-regulated asylum." Is the doctor at all aware from what sources the Hanwell pauper asylum receives its inmates? I will inform him. After patients have been drenched somewhat upon his elaterium principle in other asylums, and thus rendered incurable, they are, as a last resource, sent to Hanwell, to die from the effects of previous bad treatment. After a patient has been discharged "incurable" from St. Luke's, &c., he is sent to Hanwell for life, as if it were a penal settlement. After a patient has been brought to the extreme of exhaustion in a union workhouse, his limbs ulcerated by straps and chains, the parish authorities, to rid themselves of the odium of his death, send him to the Hanwell Asylum; and with these, and many more difficulties to contend against, the learned doctor gravely tells us that Hanwell makes no more cures "than any other well-regulated asylum, which, like Bethlem, &c., has the choice of recent cases for patients!"

Will it be maintained by these sapient doctors that freedom from bed-strapping and strait-waistcoats lessens the per-centage of cures in Hanwell? At all events, the doctor may rest assured that the patients in that establishment, are not drenched to death by his elaterium. Another owl out of the same nest hoots forth a charge of neglect of duty against the visiting justices, saying, if they "were to see a patient in a FUROR they would change their opinions." Strange that so many amongst them, who are men of sense and observation, should examine the establishment containing nine hundred patients, perhaps twice a-week, throughout the year, in every part, and not have seen insanity in all its different phases; but certainly "furor," as I understand the term, is seldom seen there—the patients are not goaded into excitement by the treatment apparently so familiar to the members of the London Medical Society.

However, Mr. Editor, as the two worthy doctors (although one of them being a respectable naval character might have shown more prudence) have gone entirely beyond their depth, it is quite fair that they should be left for a time to flounder in the puddle which they have created, and then let some friend read to them the last report of the Hanwell Asylum—not that there is the most distant hope of men of their standing and preconceived wisdom ever altering their opinions. I am, Sir, your most obedient servant,

SNAP.

December 6, 1841.

ON GALL-STONES.

By EDWARDS CRISP, Esq., Surgeon, Walworth.

(Read before the Medical Society of London, Nov. 22, 1841.)

Nov. 3, 1840, I was requested to visit Mrs. I., Walworth, ætat. 66, who for some weeks had been labouring under ascites with anasarca of the lower extremities. She has been accustomed to good living, but has never indulged to excess; her circumstances of late have not been so good as formerly, and she has had a great deal of mental anxiety. About ten months since she had jaundice, and has been subject to what she calls "spasm of the stomach:" the skin has a yellowish tinge; the abdomen is very large, as well as the legs and thighs; the right leg is inflamed, and there is a constant oozing of serum from a small abraded surface; the urine not albuminous. I ordered a teacupful of broom tea three times daily,

with two teaspoonfuls of gin, and the following pills:—

℞ *Blue pill.* ℈i;
Powder of capsicum, gr. vi;
Powder of squills, gr. vi;
Powder of digitalis, gr. iv.
Make into ten pills, one to be taken twice a-day.

After continuing the above plan for a few days, she passed large quantities of urine, and the abdomen and extremities gradually diminished in size. In three weeks all the water (probably four gallons) was removed, and she was able to walk about the house. I continued the mercury till the gums were affected, and slight mercurial action was kept up for many weeks.

May 9, 1841. Is nearly in the same state as first described; abdomen, thighs, and legs, very large, serum oozing from the latter in large quantities; is unable to lie down in her bed; the skin yellowish, but not amounting to jaundice; the pulse very irregular, and the breathing occasionally difficult: the same treatment was pursued as at first, with the effect of removing all the fluid from the abdomen and lower extremities by increasing the secretion of the kidneys. She died, however, June 2nd, apparently from exhaustion.

Examination Forty-eight Hours after Death.—Mr. Webber present. The external appearance of the body emaciated, with the skin of a yellowish tint.

Chest.—The lungs healthy; pleuritic adhesion to a small extent; no fluid in the pleuræ or pericardium; the heart rather larger than natural, and the left ventricle hypertrophied (about one-third more than its natural thickness); the semilunar valves normal; the left auriculo-ventricular opening was surrounded by a bony ring, and the mitral valves appeared more cord-like than natural.

Abdomen.—The omentum much thickened and of a dark colour (liver-like appearance); small patches of organised lymph on various parts, but not of recent formation; the intestines presented a dark appearance; the liver of its natural size and consistence, but of a yellowish white colour; the gall-bladder distended with calculi (506), varying in size from a wheat-kernel to a horse-bean; the kidneys were rather congested, but not granular; the brain not examined.

My chief object in bringing this case before the society, is to direct the attention of its members to the subject of gall-stones; but before doing so I will briefly allude to one of the remedies employed, viz., the broom tea and gin.

I think in dropsy not depending directly upon inflammatory action, this combination is one of the most valuable diuretics we possess; its influence upon the kidneys in this case was extraordinary, and although its action was probably increased by the pills, I am inclined to attribute the principal benefit to its use, having on many occasions seen its good effects when given alone.

The number of stones in the gall-bladder is another feature of interest, and shows that these concretions may exist to a large extent without producing much inconvenience; pain had occasionally been experienced in the region of the stomach, but it was not of long duration. This may be explained probably by the rounded form of the calculi, which it will be seen are of the "mellitic" species.

The gall-stone upon the table was passed some years since by a lady under my care after many hours of excruciating suffering; the skin was of a yellow tinge, but not amounting to jaundice. This is the largest calculus I have known to pass the common duct; its circumference in one part is nearly two inches. I am aware that biliary calculi of a much larger size have passed per anum, but these probably found their way into the intestines by ulceration; two interesting examples of which are recorded by Mr. Brayne in the 12th volume of the "Medico-Chirurgical Transactions."

Another preparation on the table was taken from an infant which died jaundiced under my care on the fifth day after its birth; the gall-bladder was empty, and at the commencement of the cystic duct was a small portion of hard inspissated bile, as large as a pea, between which and the neck of the gall-bladder an opening existed which admitted the end of the blowpipe, and through which the bile had escaped, as the surrounding parts were tinged with this fluid; the hepatic duct was pervious, and the intestines were lined with a yellowish pulpy matter.

The number of gall-stones is sometimes greater than in the case I have related. Morgagni* mentions an instance where 3645 were taken from the gall-bladder.

Dr. Parry in his work on "Angina Pectoris," page 240, relates the case of a gentleman in whose gall-bladder 2654 were found, weighing 438 grains troy; "they varied much in size, so that of the smallest upwards of forty were necessary to counterbalance one troy grain, and the largest weighed sixty-two grains and six-tenths." In the Hunterian Museum, Glasgow, are 1000 taken from one gall-bladder. Examples are recorded of their having attained an enormous size.

Mr. Blagden, in the fourth volume of the "Medico-Chirurgical Transactions," mentions "an instance in which a stone which passed through the abdominal parietes weighed nine drachms."

* De Sedibus et Causis Morborum.

Dr. Heberden, in the second volume of the same publication, says, "one was taken from the gall-bladder of Lord Bath which weighed two drachms."

In Mr. Brayne's "first case the calculus weighed 228 grains; and in the second case, one stone weighed 176 grains, and the other 159 grains."

Dr. Baillie* met with a stone as large as a pullet's egg, occupying the whole of the fundus of the gall-bladder.

Saye, in the "Journal des Savans," relates an instance of one as large as a hen's egg.

Heberden, in his "Commentarii de Morborum Historiâ," &c., mentions one which escaped from a discharging tumour near the umbilicus; its weight, 245 grains.

I may here mention that substances occasionally pass from the bowels which are mistaken by the superficial observer for biliary calculi. I have known an instance where currant-seeds were thought to be gall-stones by the medical attendant. Dr. Marcet† mentions "that woody knots, which are found in certain pears, cheesy concretions, and lobster spawn, have been mistaken by some for biliary products."

Whilst upon this subject, I cannot help digressing a little for the purpose of alluding to a laughable circumstance that occurred to me some years since. A friend of mine in the country had a phthisical patient under his care who vomited frequently a quantity of the substance contained in this bottle; it was evidently organised, and thought by some to be a nondescript animal; it was sent to London, and examined by many learned in physic. I believe the College of Physicians even could not determine its nature. I happened, however, to show it to Mr. Dalrymple, who at once pronounced it to be the generative organs of the snail. The mystery was now solved, the girl had swallowed snails, and these parts being hard and indigestible were rejected by the stomach.

On the table is some pure cholesterine passed in large quantities from the bowels of a patient under the care of Dr. Iliff; also a specimen of fatty matter, which was voided in great abundance from the bowels of a woman who consulted me a few years since.

The time of the society, I think, would not be profitably employed were I to enter into the chemical‡ composition, symptoms, diagnosis, prognosis, &c., of these concretions, as they have been so fully described by various authors, and must be well known to all present. I will therefore conclude my paper by noticing only their causes and treatment.

That these calculi have their origin in a vitiated state of the bile, and that there is a change in its constituent parts we have, I think, sufficient proof; but what this condition is, has not been satisfactorily determined. Many suppose (and I think it the most probable supposition) that the abundance of fatty matter (cholesterine) in the bile is the chief cause of their formation; others believe that they arise from the absorption of the watery parts of this fluid, and some have attributed their origin to a putrescent condition. These are questions, however, which cannot be determined until the chemical* composition of the bile is better understood, and it is therefore useless to proceed with this subject. Women are said by most writers to be more frequently affected with this complaint than men; and Dr. Stokes, of Dublin, in his lectures† calculates that five sixths of the cases occur in females.

Amongst the causes it is supposed "that those of a melancholic and bilious temperament are more liable to these formations, and especially those whose habits are sedentary, and who have much mental disquietude." "*The use of fermented drinks is also believed by most writers to be a very frequent cause.*" Unfortunately we have no statistical records which can be consulted; indeed, I know of no author who has published more than five or six cases, and these but imperfectly related. I have endeavoured in the accompanying table formed, by selecting cases from private friends, the French and English journals, and the works of those who have written upon the subject, to supply this deficiency, and I hope the conclusions I have drawn are not devoid of interest. I have selected *those cases only where the calculi have been found*, and for this reason I reject those published by Durande‡ (about twenty), which are of a doubtful character.

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* Morbid Anatomy.

† On Calculous Disorders.

‡ The division most generally adopted is the following:—

1st. Calculi composed almost entirely of cholesterine.

2nd. Those composed of cholesterine and biliary matter.

3rd. Those consisting only of inspissated bile.

Others have been described, such as the phosphate of lime, for instance, but these are of rare occurrence.

* Thénard, Berzelius, Tiedemann, and Gmelin, all differ in their analyses of this fluid.

† Published in the London Medical and Surgical Journal.

‡ Observ. du Mélange d'Ether Sulfurique, &c. &c.

Authorities.	Sex.	Age.	Habits, &c.	Medical Attendant.
Medico-Chirurgical Transactions, vol. xii.....	F	..	temperate, melancholic temperament.....	Brayne.
Ditto.....	F	65	melancholic temperament..	Ditto.
Lancet, 1838.....	F	35	not mentioned.....	Leonard.
Medical Transactions of the Society of Physicians, vol. ii.	F	..	not mentioned.....	Heberden.
Ditto.....	M	..	ditto.....	Ditto.
Ditto, vol. iv.....	F	66	ditto.....	Blagden.
Medical Gazette, vol. xviii.	M	50	rather intemperate.....	Caldwell.
Ditto, vol. xiv.	F	..	not mentioned.....	
Ditto.....	F	46	ditto.....	
Medical Repository.....	F	67	emaciated.....	Dixon.
Lancet, 1836.....	M	60	cachectic	Bree.
Angina pectoris—Parry...	M	66	rather a free liver	Dr. Parry.
Edinburgh Medical and Surgical Journal, vol. xxiii.	M	43	not mentioned.....	Dr. Scott.
Medico-Chirurgical Review 1836.....	F	49	ditto.....	Brichteau.
Ditto.....	F	26	ditto.....	Ditto.
Ditto.....	M	67	ditto.....	Ditto.
Dictionaire de Medicine...	F	25	ditto.....	Walter.
Ditto.....	F	24	ditto.....	Bererhoyt.
Memoirs de la Societé Medicale d'Emulation, vol. ix.....	F	26	bilious temperament	Brichteau.
Ditto.....	F	45	not mentioned.....	Ditto.
Ditto.....	F	26	ditto.....	Ditto.
Gazette Medicale,1830....	F	60	ditto.....	Woles.
Ditto.....	F	62	ditto.....	Ditto.
Ditto, 1832	F	62	ditto.....	Bouilland.
Ditto, 1833	M	..	ditto.....	Duplay.
Ditto, 1840	M	73	ditto.....	Meersman.
Lancette Française, vol. ii..	M	45	ditto.....	Chomel.
Ditto.....	F	50	ditto.....	Ditto.
Archives Gen. de Medicine, vol. xix.	F	81	ditto.....	Baffos.
Cruveilhier's Anat. Morbid.	M	67	ditto.....	Cruveilhier.
Ditto.....	M	62	ditto.....	Ditto.
Ditto.....	M	..	ditto.....	Ditto.
Durande, Observations du Mélange d'Ether Sulfurique, &c. &c.....	F	25	ditto.....	Larort.
Ditto.....	F	25	ditto.....	Ditto.
Ditto.....	M	old	ditto.....	Girard.
Private	M	45	temperate	Brayne.
Ditto.....	F	66	ditto.....	Crisp.
Ditto.....	F	45	ditto.....	Ditto.
Ditto.....	M	40	ditto, rather.....	Ditto.
Ditto.....	F	50	not known	Ditto.
Ditto.....	F	50	temperate	Dr. Iliff.
Ditto.....	M	..	not known.....	Ditto.
Ditto.....	M	40	temperate	Ditto.
Ditto.....	M	60	ditto.....	Ditto.
Ditto.....	F	..	not known	Ditto.
Ditto.....	F	40	great eater—(death after a fall)	Callaway.
Ditto.....	M	..	temperate, moderate	Gill.
Ditto.....	F	52	great eater	Webber, Orford, Suffolk

Authorities.	Sex.	Age.	Habits, &c.	Medical Attendant.
Private	F	70	abstemious	Webber, Orford, Suffolk
Ditto	F	about 50	Two gin-drinkers, but not confirmed drunkards.	Ditto.
Ditto	F	about 50		Ditto.
Ditto	F	about 50		Ditto.
Ditto	F	50		Ditto.
Ditto	F	about 50	temperate	Mr. Evans, Trinity-street.
Ditto	M	45	free liver—ale and spirit drinker	Ditto.
Ditto	M	50	formerly free liver, but last five years temperate	Ditto.
Ditto	F	about 50	middle ranks of life	Mr. Waterworth, Kent-road.
Ditto	F	50	ditto	Ditto.
Ditto	F	50	ditto	Ditto.
Ditto	F	35	temperate	Mr. Gannon, Walworth.
Ditto	M	50	ditto—seventy stones	Dr. Borland.
Revue Médicale, 1834	F	75	not mentioned (stone in the duodenum)	Benaud.
Van Swieten's Commentaries	M	12	ditto	
Ditto	M	..	ditto	Vesalius.
Ditto	F	old	ditto	Ditto.
Ditto	F	..	ditto	Heister.
Philosophical Transactions, vol. xii	M	..	ditto	Tyson.
Ditto, vol. xviii	F	..	ditto	
Ditto, vol. xxi	F	..	ditto	Preston.
Ditto, vol. l.	F	30	voided externally	Johnson.
Ditto, ditto	F	old	not mentioned	Ditto.
Leake on Diseases of the Viscera, 1792	F	..	ditto	Leake.
Maladies Endemiques dans le Duché de Hohmzollern — Revue Médicale, 1837	F 37	32—60	Of 40 cases of biliary calculi which Dr. Heyfelder examined post mortem, 37 were females and 3 males; the ages between 32 and 60. The inhabitants of this duchy eat pork and farinaceous aliments, and drink thick beer. Dr. H. believes that this diet favours their development.	
Ditto	M 3			

Total—Females 84
Males 28

112 cases.

Ages—Under 30 8
Between 30 and 60... 68
Between 60 and 75... 15
81 1

Deductions—

1st. That females are more liable to these affections than males: the proportion as 3 to 1 (*exclusive* of Dr. Heyfelder's cases, 2 to 1).

2nd. That the greater number are persons of melancholic and bilious temperaments, and are in the middle and upper ranks of life.

3rd. That mental disquietude is a very frequent cause.

4th. That sedentary habits and good living (*especially eating*) also excite these maladies, and that they are most frequent between the ages of 30 and 60.

5th. That fat people are not (as most authors assert) more subject to the disease than those of spare habit.

6th. That the use of *fermented drinks* operates *but little* in the production of the complaint. This opinion is strengthened by the circumstance of gin-drinkers being, *I believe*, less liable to these affections; as well as their greater prevalence amongst females. In many of the cases the habits of the patients are not mentioned; but only two are described as intemperate.

7th. That these calculi may exist without

producing but little, if any, inconvenience; and in the majority of cases there is no apparent structural change in the liver or gall-bladder.

Treatment.—Little difference of opinion, I apprehend, can arise respecting the treatment during the passage of a gall-stone. Bleeding from the arm (in the robust and plethoric); sometimes the application of leeches; the warm bath; large doses of morphia combined with ipecacuanha, followed by purgatives and purgative enemata, are the principal. Emetics have been strongly recommended by some and condemned by others. My experience does not enable me to give an opinion. Bertin, however, relates cases of rupture of the gall-bladder produced by vomiting. The antim. potass. tart., taraxacum, ipecacuanha, &c., are also recommended.

Brichteau * relates many cases where the application of a bladder of ice over the region of the gall-bladder appeared to afford great relief.

Although all English practitioners are nearly agreed as to the treatment during the paroxysm, little appears to be known respecting the best mode of preventing the formation of these calculi; and it is to this question that I am particularly anxious to direct the society's attention. I make the query rather for the purpose of eliciting information than of imparting any. I will nevertheless briefly state the conclusions I have come to upon the subject. Believing that the chief causes are mental exertion and anxiety, want of exercise and improper diet, producing impaired diet and deficient assimilation, I would endeavour to obviate these by a plain simple regimen, exercise in the open air, and the avoidance, if possible, of mental disquietude and exertion. The administration of stomachic and alterative medicines may also be had recourse to. Cold and tepid sponging of the body, with the use of the flesh-brush, or hair-gloves, would probably have a beneficial influence by increasing the functions of the skin.

Some have supposed that certain medicines have the power of dissolving these calculi, and amongst them I may mention soap, the fixed alkalies, infusion of dandelion, &c. But the remedy of most celebrity is that of Durande, consisting of two parts of spirits of turpentine, and three of sulphuric ether: of this about forty drops are given every morning for some weeks (as a dissolvent); it is also administered during the passage of a gall-stone. Several continental writers, as well as Dr. Copland, † speak favourably of this medicine. Durande says he has seen gall-stones pass from the bowels of the consistence of pitch during its use. I have examined his cases, and I confess that they appear to me to be of an unsatisfactory description, and do not warrant the inferences he has drawn.

A curious circumstance, in connection with this subject, is mentioned by Glisson in his "Anatomia Hepatis," page 105 (published 1681):—"Novi complures, qui lapidum hujusmodi fragmina ingenti quantitate per alvum elisserint: quorum locum genitalem haud alium fuisse existimem, quàm vasa bilaria, in quibus tubulus ejusmodi lapideus fortè natus, et frustillatim comminutus, per porum biliarium in intestina delabi, indeque per alvum excerni potuerit. In quam sententiam accedo libentius quòd videam boves hyberno tempore (quando fæno aut stramine pascuntur) lapideæ hujusmodi materiæ plurimum congerere, adeò ut hepar eâdem planè confertum reperiatur; verna autem tempestate (quam primum novo gramine vescuntur) eandem rarius inveniri. Solvuntur nempe, et exturbantur hi lapides à recentis graminis succo; quod, nisi per alvum, fieri nullo modo potest."

I learn from an intelligent butcher in my neighbourhood that gall-stones are most frequently found in the stall-fed oxen, which come principally from Norfolk, Suffolk, Cambridgeshire, and Essex (and are killed between February and June), than in those from Lincolnshire, &c., which are fattened upon grass. This statement requires further confirmation, but if true the fact is interesting.

In conclusion, I repeat that my chief object in bringing this paper before the society, has been to obtain information upon a subject which is at present, I think, but imperfectly understood.

* Memoirs de la Societé Medicale d'Emulation, vol. ix.

† Dictionary of Practical Medicine, art. Concretions.

MR. WILDE'S HISTORY OF THE SCHOOL OF OPHTHALMIC SURGERY IN VIENNA.

In 1745, Van Swieten commenced the foundation of the medical department of the Vienna University.

In 1750, Nicholas Pallucci, an Italian physician, born in 1719, was brought from Florence by Van Swieten, and laid the foundation of the Ophthalmic School; for his works on affections of the eye, and his dexterity as an operator, created a taste for this branch of science. He depressed the cataract with signal success. He was the first who removed with the forceps, through an opening in the cornea, an opake capsule. Yäger now does this with a hook. Pallucci died in 1797.

Barth was born at Malta in 1745. When eighteen years old he was appointed professor of anatomy to the University of Vienna, under Stoërk, the successor of Van Swieten.

He had now the advantage of studying the preparations of Ruysch, Lieberkühn, and Albinus.

Baron Wenzel having cured a case of cataract, Maria Theresa was so amazed at this triumph of surgery, that she established a lectureship on ophthalmology, and Barth was appointed to this chair in 1773. He was a most expert extractor, and the inventor of the knife now named after *Beer*. In operating he did not require an assistant; he placed his patient standing in the corner of a room near a window, he opened the lids, and fixed the eye with one hand, while he passed his knife through the cornea with the other, as is now done by Mr. Alexander; but Barth stood *before* his patient, whilst Alexander stands behind. He wrote a small work on Cataract in 1797, and died in 1818.

Cotemporary with Barth was Mohrenheim in Vienna, where he was much consulted. He made use of a hook in extraction.

Within this epoch, Siegerist invented his extraction-knife, which was of great length and fineness of point. With the needle point he opened the capsule in passing through the anterior chamber; an operation attempted by Sir W. Adams in after-times. This knife had the disadvantage, from its great length, of pricking the side of the nose.

Barth had four pupils; Beer, Prochaska, Schmidt, and Sauterelli.

Beer was the founder of the Ophthalmic Clinique at Vienna.

George Prochaska practised much as an oculist in the Austrian capital.

Schmidt was professor of surgery in the Military Academy; he delivered lectures, and performed operations on the eye. His publications on Iritis, Cataract, &c., are admirable.

To Sauterelli is due the first performance of extraction through the upper section of the cornea. Dr. Mackenzie says, Sauterelli was the first (Delle Cateratte, p. 79, Forli, 1811,) who actually made the section, not semilaterally like Wenzel, but at the upper edge of the cornea. This he did at Berlin in 1795. Sauterelli's method was like Alexander's, he stood behind the patient, who was seated beneath him: he opened the cornea, by inserting a knife, shaped like a broad-shouldered lancet, into the anterior chamber, through its upper edge, acting in this way like a wedge, and not giving the clean incision made by dividing it from side to side. Rosas and Yünken state that in this way he fairly opened the upper half of the cornea.

George Joseph Beer was for many years the assistant of Barth. He commenced his first essays in 1791, and soon acquired renown. He commenced as a private teacher in 1798; and from hence, till 1815, he was the first authority on all points of ophthalmic surgery. He was the first systematiser of diseases of the eye. He was a good anatomist, a man of superior talents, and of scientific and literary attainments.

Beer published a pamphlet in 1813 (Die geschicte der Augenheilkunde), in which he says that, after fourteen years private instruction in his art, he ascended the clinical pulpit on the 28th April, 1812, as "extraordinary professor of diseases of the eye." Students from all parts of Europe flocked to hear him. Among the pupils of Beer seven have distinguished themselves; Jäger, Rosas, Benedict, Bringolf, Fisher of Prague, Mackenzie, and Wardrop.

Dr. Frederick Jäger, the son of a physician at Morgentheim in Wurtenburg, was the assistant of Beer. He resided at Vienna in 1808, and on taking his doctor's degree the same year at Landshut, he wrote an inaugural dissertation, "On the Diagnosis of Arthritic and Syphilitic Inflammation of the Eye." In 1812 he published his "Dissertatio de Keratonyxidis usu," in which he records the results of nineteen operations for cataract by keratonixis. On the death of Schmidt, Jäger was appointed special professor of ophthalmology to the Josephinium Academy. He subsequently became the son-in-law of Beer, whose library, preparations, and instruments he thus inherited; and he now enjoys the same exalted reputation as his master.

The Clinique of Jäger is on the same plan as that of the Grand Civil Hospital; it contains two wards, with eleven male and eleven female beds: the students are those educating for medical officers of the Austrian army; and the patients soldiers and their families. Connected with this is a large dispensary for out-patients. The business commences at eleven and ends at one o'clock. Between the two wards is a spacious hall; into this the patient is conducted by a pupil, who first gives the history of the case, and then proceeds with the subjective symptoms, and, lastly, the description of the present appearances. He is then questioned on the case by the professor, and concludes with the diagnosis, prognosis, and therapeia. The professor then makes some observations on the peculiarity of each example of disease, as it presents itself.

The second hour is occupied with operations. Jäger's modes of operating, and the principles of his treatment, are similar to those adopted in the Moorfields Infirmary.

Occasionally the professor holds a public examination of all the pupils in his class, and his assistant gives a course of public lectures on the operative surgery of the eye twice a-week.

Cataract and amaurosis are diseases of very frequent occurrence in Vienna, as also arthritic affections of the eye, particularly *iritis*, whereas the syphilitic form is very rare in comparison with other countries.

During the warm season severe ophthalmia predominates, and many run rapidly into the purulent, or even the Egyptian form.

The hot winds laden with fine dust, which prevail upon the Glacis and the Vorstadt, is the true cause.

Chronic keratitis, or *pannus*, is very common, and is treated by producing a new inflammation through inoculation with the matter of *ophthalmia neonatorum*. The mode is to introduce a camel's-hair pencil containing some of the matter, previously moistened over the steam of hot water, between the eyelids. Within a couple of hours of the application, a viscid mucous discharge is perceptible upon the ciliæ. This discharge continues to increase for twenty-four hours, when the pain, swelling, &c. of purulent ophthalmia set in. The inflammation runs very high; and finally, after about ten weeks, the patients recover, with slight opacity of the cornea and useful vision.

To Jäger is due the introduction of this mode of treatment. Jäger has, unfortunately, not written much: his last production was on the Egyptian ophthalmia. The symptoms of this disease are detailed with great acuteness. He admits that in general the symptoms are those of common catarrhal ophthalmia in the first instance, upon which the Egyptian form develops itself. At first the conjunctiva palpebræ loses its healthy aspect, its transparency, and its pale pink colour, and becomes dry; the Meibomian secretion ceases, it then shows a deep uniform redness, still unattended with secretion of any kind, and instead of the healthy shining appearance, it becomes opake and rough, like ground glass. If in a few hours the lids be everted, the conjunctiva lining them will exhibit a bluish red, sometimes a dark purple colour: at the same time the membrane itself swells, and the papillary bodies on its surface become more developed, hypertrophied, of a firm, round, tightly-compressed form, and stand out prominently from the tunic on which they are placed, resembling very much the granulations of a wound visibly raised above the surface.

The absence of distinct stages, and the other symptoms he mentions, are those remarked by most other writers, but upon the *early* development and granular appearance of this villous layer of the conjunctiva (the papillarkörper) it is that he diagnosticates the Egyptian from other ophthalmias.

Among the predisposing causes, he mentions excess of light, wind, sand, smoke, or ammoniacal vapours carried in the atmosphere, mechanical irritants, over-use of the eye, excess in vinous liquors, bad food, suppressed perspiration, and the previous existence of catarrhal disease, whether of an endemic or epidemic nature, miasma and contagion. With respect to the contagion, he does not consider it at all necessary for the matter to be applied to the eye, but thinks that it is volatile.

This view of the Egyptian ophthalmia has been very severely criticised by Rosas in the "Oesterreiche Medicinische Jahrbücher" of last autumn.

On the death of Beer, Dr. Antony Elden Von Rosas succeeded him in the chair of ophthalmic surgery in the university, and holds his clinique from ten to twelve o'clock in the K. K. Algemeine krankenhaus. The annual reception of patients into this clinique is about one hundred and fifty, all interesting cases, chosen by the professor-assistant from the entire hospital, which contains two thousand five hundred patients, and occupies the largest area of any hospital in Europe. The Latin language is spoken to the pupils.

Without drawing invidious distinctions between Rosas and Jäger, it may perhaps be near the truth to say, that while the operations of Jäger are the most splendid exhibitions of eye-surgery in Europe, the treatment of Rosas is superior; and as far as the history of his science goes, the latter is said to be the most learned of the two.

Attached to this clinique is a valuable and extensive library, from which books are lent, upon paying a small subscription.

There is a small collection of pathological specimens of the eye preserved in spirits; but a great attraction in the School of Vienna is the magnificent museum of wax preparations of the morbid eye made by a native.—*Wilde's "Medical Institutions of Austria."*

KING'S COLLEGE HOSPITAL.

ATROPHIED OR GIN-DRINKER'S LIVER.

G. Buffoy, aged 52, single, a weaver, was admitted into Rose ward, under the care of Dr. Todd, on the 31st of the month. Has been in the habit of drinking considerable quantities of beer and spirits. He states that he has not been in good general health since a severe syphilitic affection which he contracted about six or eight years ago, and for which he took large quantities of mercury. Since this he has had nodes on the tibiæ and sore throat, and has felt pain and weakness in the limbs. For the last three or four years he has had occasional dropsical swellings in his legs and ankles, and has been subject to what he calls "scurvy," dark patches on his legs coming on, particularly after having eaten salt meat or fish. Has never had jaundice: has lived in London all his life.

About a month ago his belly began to swell, and has increased up to the present time. There is now considerable ascites, with greatly-enlarged superficial abdominal veins; the legs and scrotum are anasarcous; skin is dry and scurfy, with several erythematous patches on the inner sides of the thighs; respiratory phenomena natural; heart's action feeble, but natural; pulse 100, small; tongue slightly furred: appetite moderate; no nausea nor vomiting; no pain on

pressure of any part of the abdomen; bowels confined; urine scanty, very high-coloured, with copious deposits of lithates. Has been long subject to piles. There is now an old erosion of the mucous membrane of the rectum, and an internal hæmorrhoid, which bleeds occasionally. He is greatly emaciated: there is a very slight tinge of yellow affecting the skin and conjunctiva. He has been living very badly of late, and is in a state of considerable exhaustion.

In examining the hepatic region the liver was not to be felt, and in the thorax the sound on percussion was clear on the right side, proving that there was no enlargement in the upward direction. Dr. Todd stated his belief that the liver was very much contracted in size, grounded upon the patient's intemperate habits, the abundant ascites, the greatly-enlarged abdominal veins, the hæmorrhoids, the highly lithic state of the urine, from which, too, albumen was absent, the dry and slightly-jaundiced skin. It was the last and most shrivelled state of gin-drinker's liver, through which the circulation was much impeded and the secretion impaired. He was put into a warm bath, took an ounce of castor-oil, and was ordered an ounce of compound decoction of broom, with fifteen grains of acetate of potash, three times a-day; eight grains of Dover's powder every night. To have milk diet.

7th day. Symptoms much the same; urine scanty, still very high-coloured, with abundant lateritious and red sediments, specific gravity 1030; it effervesces briskly on the addition of nitric acid, which gives it a purplish hue.

12th. Great distention of the abdomen; anasarca of the legs not lessened. To have two scruples of compound jalap powder every other night.

14th. Bowels opened by the powder; piles better; urine scanty, with very copious sediment; tongue clean; no thirst; appetite good; pulse 70; has some cough, especially from pressure on the diaphragm. To have a drachm of compound jalap powder every night.

19th. The same. To omit his medicine, and take fifteen grains of bicarbonate of potash, five grains of nitrate of potash, and half a pint of water, twice a-day. To have, also, a drachm of compound jalap powder every other night.

23rd. Belly diminished in size; urine still small in quantity, and lithic; bowels freely opened, with whitish watery discharges; tongue clean; skin very dry. To have a warm bath.

28th. Omit the potash draught, and take three grains of iodide of potassium in an ounce of infusion of quassia, three times a-day.

35th. No amendment; abdominal veins enormously enlarged; circumference of abdomen across the umbilicus measures thirty-seven inches. Let him have five grains of the iodide of potassium three times a-day.

41st. Iodide of potassium ointment to be rubbed on the abdomen.

43rd. Increase the dose of iodide of potassium to seven grains.

46th. Abdomen measures thirty-six inches round the umbilicus; bowels opened; stools whitish; urine scanty and high-coloured.

55th. The breathing has become very short and laboured; great debility, with some delirium in the night; abdomen measures thirty-nine inches; pulse 80.

In consequence of the dyspnœa occasioned by the impediment offered by the fluid to the descent of the diaphragm, the operation of paracentesis was performed by Mr. Fergusson, and about four gallons of a yellow, straw-coloured fluid were removed, a considerable quantity being still left. He experienced immediate relief from the operation, and his breathing became much easier After the fluid had stood a short time a jelly, like coagulum of fibrine, formed on it.

The day after the operation he expressed himself easier; there was no pain on pressure of the abdomen, but it was evident that the fluid had again begun to accumulate; the emaciation is excessive; voice feeble; pulse small; some delirium at night. Continue the iodine and the compound jalap powder. To have six ounces of wine. The fluid gradually increased in quantity, and on the 71st day after his admission the abdomen had enlarged, so as to measure thirty-six inches in circumference. Urine scanty; bowels open. The dyspnœa has now returned, attended with great exhaustion. These symptoms increased, although wine and ammonia were freely given, and he died four days afterwards.

After-death Appearances.

The body was examined twenty-four hours after death.

Excessive emaciation. A large quantity of serous straw-coloured fluid was effused into the left side of the chest, in which floated some large flakes of recent lymph. On the surface of the costal pleura a thin layer of lymph was deposited, and the membrane underneath it appeared highly vascular, with numerous red spots, some stellated, others seemingly the result of extravasation. Similar appearances were observed on the pulmonary pleura. The accumulated fluid compressed the lung against the spine, occasioning flattening, condensation, and great diminution in the size of the organ, which, when cut into, presented the condition termed carnification. The heart, too, had suffered displacement from the fluid accumulated in the left chest. It was pushed into the median plane, and underwent a twisting on its axis, so that the left ventricle was brought forwards, and the right pushed slightly backwards. The whole heart was

small and contracted. The left ventricle very firmly contracted, quite empty, and when cut across a little above the apex, its cavity appeared so small, and its walls so thick, as to present quite the appearance of that state which is called "concentric hypertrophy;" although, in truth, there was no hypertrophy of the organ, the effect being due, no doubt, to the energetic contraction of the ventricle at the moment of death. The right lung was healthy.

The abdomen contained a considerable quantity of fluid, of the same nature as that which had been drawn off by paracentesis. Shortly after opening this cavity, a weakly coagulated mass of fibrine formed in that portion of the fluid which remained in the pelvis.

The whole surface of the peritoneum was sound, with a thin layer of recent but tenacious and moderately-adherent false membrane. In many parts, both on the surface of the intestines and in the mesentery, the peritoneum, or the tissues subjacent to it, had a dark grey, or greyish-black colour, which at first seemed owing to a great congestion of dark blood, but on examination no congested vessels could be found capable of producing the appearance. The abdominal portion of the portal system was much congested. The phrenic veins, as also the external abdominal veins, were enormously enlarged and congested; the former forming an exceedingly complicated plexus of dilated veins, filled with blood, and covering the abdominal surface of the diaphragm, especially on its right half.

The liver was diminished greatly in size: it was rounded on its edges, and the surface presented a shrivelled, tuberculated appearance, irregular elevations, separated by fissures, varying in depth; Glisson's capsule was much thickened, and opake at various points; its colour was rather paler than natural, and there appeared little or no biliary congestion; its interior was traversed by numerous bands of thickened Glisson's capsule, surrounding and circumscribing aggregations of lobules, and probably occupying the places of some which had disappeared.

The gall-bladder was contracted, thickened, and empty of bile.

CHARING-CROSS HOSPITAL.

DISSECTION OF THE PARTS OF GENERATION OF A SUPPOSED WOMAN. CLINICAL REMARKS.

Dr. Chowne remarked, that the students would probably recollect the patient Battle, who came into the hospital under his care about twelve months since, with malformation of the generative and urinary organs. On a former occasion* he had described the anatomical appearances during life. This interesting patient had been again admitted, with a view to receive still further relief, in regard to his malformation, by means of an instrument to receive his urine, and while in the hospital had a very acute attack of pneumonia, which he did not survive. He had now an opportunity of showing the parts injected and dissected; and also the pelvis, which was very peculiar in its form. In speaking of Battle on a former occasion, when describing the various external appearances, he had remarked, that in whatever degree there might be deficiency of masculine character, it might, perhaps, be fairly accounted for, by taking into consideration the condition of those parts on which the physiological development depended, including the spermatic cords. On the right side the testicle, although of the normal size, was unusually tender to the touch: on the left side it was not more than half the usual size, and was also morbidly sensitive. On both sides the spermatic vessels were tender under pressure, and obviously unfavourably placed: the adjacent parts, besides being in a state of malformation, were in a morbid state of excitement, partly from the irritation of effused urine, and partly from the presence of large herniæ. Added to these, it was more than probable that some alteration in the anatomy of the abdominal ring, consequent upon the unusual structure of the pelvis, might conspire to embarrass both the nerves of the spermatic cords and the spermatic arteries and veins in the exercise of their functions. It appeared extremely probable that such a state of things being of a permanent character, and having existed from childhood, might impair the healthy tone of the parts, and weaken their physiological influence on the system. The parts before them were accurately dissected by Mr. Edward Canton: they presented the following peculiarities:—

Abdominal Parietes.—Anterior portion corresponding with the situation of the bladder, wanting; anterior portion of bladder and cervix wanting; posterior portion of the bladder filling up the defective part of the abdominal parietes. On the posterior surface there is more than the common quantity of fat under the peritoneal coat. Prostate gland wanting. Vesiculæ seminales about half the natural length, of usual breadth, and in their natural situation. The peritoneum reflected over them. Vasa deferentia in the natural situation, but with slight deviation in their course; they pass downwards and inwards to the extent of an inch and a half from the abdominal ring, then transversely to meet each other, not forming any angle. They are large at their junction with the vesiculæ seminales, and terminate at that

* See Lancet, vol. ii., 1839-40, p. 937.

point, where, in the natural structure, they would join the neck of the bladder, and pass into the urethra. Ureters natural, penetrating the posterior portion of the bladder.

Spermatic Arteries of natural size; the right arises from a subsidiary branch of the internal iliac on the left side, passes a little to the left of the median line, anterior to the left vas deferens, and above the vas deferens to the abdominal ring of the right side: the left derived from the right, at that point where it passes the left vas deferens, and proceeds to the abdominal ring of the left.

Arteries of the Vesiculæ Seminales.—The left is given off from the spermatic artery, which goes to the right abdominal ring: the right is given off from a small branch of the internal iliac of the left side.

Obturator Arteries given off on each side from the epigastric.

Rectum almost straight, corresponding to anterior surface of sacrum.

Sphincter nearly close to the scrotum.

Levator Ani large and strong.

Symphysis Pubis.—That which should form anterior part of pelvis wanting; symphysis supplied by strong ligament stretching across from one os innominatum to the other.

Crura of Penis large.

Bulb of Urethra large.

Transversalis Perinei large and strong.

Contents of Scrotum.—Herniæ. On the right side, oblique. The sac passed in between the vessels of the spermatic cord, and had the vas deferens and its artery lying on the posterior surface, and the other constituents of the cord lying on the anterior and external surface. On the left side there is a congenital hernia.

Pelvis.—Height from highest point of the crista ilii to the lowest of tuberosity of ischium, left side 8⅝ inches, right side 8¾ inches. From the brim, anterior to the acetabulum, to the lowest part of the tuberosity of the ischium, left side 4½ inches, right side 4½ inches. Length of sacrum, 6 inches; coccyx, 1¾ inch. Diameters of brim—antero-posterior, 4¾ inches; transverse, 6½ inches; oblique, 6½ inches.

Obturator Foramen larger than common, and partly filled with a plate of bone.

Sacrum measured across at its junction with the os innominatum, 5¼ inches. Instead of being concave, or possessing a hollow throughout, the sacrum is slightly convex at its upper third, where the first piece joins the second. Lower two-thirds slightly curved. It has anteriorly four pair of foramina; the third pair, with their grooves, large and well-defined. Junctions of different pieces of sacrum anteriorly incomplete, being partly cartilaginous. Slight curvature of the two upper pieces to the left side. Posterior convexity less than usual.

There was a slight lateral curvature in the vertebral column in its lumbar portion. The patient, during his life, walked slightly lame, as though one leg was shorter than the other: this is accounted for by the left os innominatum being shorter than the right, and consequently having the acetabulum slightly higher. This poor fellow had a very awkward, waddling walk; he complained that he did not feel strong at the lower part of the belly. We might marvel that he could support even the weight of his own trunk, seeing the defective formation and want of support at the anterior part of the pelvis; yet he once assisted in carrying a weight, his share of which was not less than half a hundred weight.

It was observed that the sacrum was but very slightly hollow, and that the rectum was very nearly straight, its termination being almost close to the scrotum. This latter was very common in cases of malformation like that of Battle. In this instance, that part of the sacrum below the promontory and the rectum approached much nearer to the pubis than was natural. This appeared to have been the result of defective formation of the urinary organs. The absence of the bladder, as a containing organ, and also of the prostate gland, would, during the fœtal and infant state, contribute to this variety. The presence of the prostate gland and the bladder, occasionally distended with fluid, would have assisted in preventing the advance of these parts towards the pubic region, and would have preserved the natural form of the sacrum, the curve of the rectum, and the situation of the rectal termination; for the contents and the containing cavities contributed to preserve the form of each other, exercised a mutual restraint, and determined the final form. There was a preparation in the museum showing a fœtus, in which the abdominal parietes over the liver were wanting, and exhibiting that organ without form, or, at least, without its natural form, or anything approaching to it.

In cases like Battle's, the malformations were singularly uniform, the description of one being, in fact, the description of all.

MEDICAL REFORM.—NECESSITY FOR MEDICAL CORONERS.

To the Editor of THE LANCET.

SIR,—George Kirby, of 15, Martha-street, Haggerstone, aged eleven years and six months, had been slightly suffering from cold for a week, was taken worse on Sunday, the 31st of October, when Mr. Mark Pickering was called in; he attended until the Friday evening following, November 5th; he sent a six-ounce mixture, having the same appearance each day, and nothing else was done; he told the parents that their son "had typhus fever, and it would run twenty-one days, then he would be better."

I was desired by the parents to see him on Friday evening, the 5th of November; he was found to have considerable effusion into the lungs and bronchiæ, and on the following evening he died.

Being desirous of ascertaining the extent of disease, I obtained permission to make a post-mortem examination thirty-six hours after death; both the substance of the lungs and bronchial ramifications were found filled with muco-purulent matter; about two ounces of serum were found in the pleura costalis on each side of the chest; the base of the left lung slightly adherent to the pleura costalis; the lower lobes of both lungs were covered by a thick, soft layer of coagulable lymph.

In consequence of the opinion which I had given, and the result of the post-mortem examination, the parents naturally felt deep distress and dissatisfaction, that Mr. Pickering should treat their son for typhus fever, when it was so manifest that his case was one of acute bronchitis connected with pleuritis, without any adequate remedies having been adopted, and the father waited upon Mr. Baker, the coroner, expressing ing his desire to have the case investigated. The inquest was held on Thursday last, the 11th instant. The following evidence was given by the father:—"When Mr. Pickering first saw my son on Sunday, the 31st, he said he had typhus fever; the mother asked him if he did not want leeches, 'he said no, leeches were of no use to him, he had a fever upon him;' he attended on the Sunday, Monday, Tuesday; he did not see him on the Wednesday; he saw him on Thursday and Friday, the same kind of mixture was sent each day, for which I paid him a shilling each time; on Saturday he came whilst I was at dinner; I told him he had been treating my son improperly, and he need not attend any longer, as I had called in Mr. Wallace."

The following is the evidence of Mr. Mark Pickering:—"I am a surgeon and apothecary, residing at No. 6, Hertford-place, Haggerstone; I practised in 1810, and ever since. When I was called to the deceased he was labouring under fever; I gave him nitrate of potash and the solution of the acetate of ammonia with peppermint water, which formed the mixture; the pulse was high, but small; there were favourable symptoms on the second day; I altered the medicine, adding sulphate of magnesia; when I left the patient he appeared to be going on well; I represented the case to be typhus; I am not aware of his having any other complaint; I could not trace that he had any inflammation whilst I attended him; the symptoms of inflammation are twitchings and hectic cough."

My evidence went to show that there was no hope of the boy's recovery from the period of my being called in, and he died twenty-four hours after. I put him under mercurial treatment as the only hope, if time permitted its action to be set up; I stated that the boy died from unsubdued inflammatory action, and had he been properly treated upon antiphlogistic principles, in all probability he would have got well.

Mr. Editor, I will thank you to insert this case in your valuable Periodical, as showing the absolute requirement of a legislative enactment to secure the public from such ignorant men as Mr. Mark Pickering; although he has stated on oath "that he practised in 1810, and ever since," there is a fair reason for raising a doubt on the point, seeing the profound ignorance displayed by him in this case, as well as from my personal knowledge of some equally, and one especially, more gross, which is in the remembrance of many here. In concluding this inquiry, the coroner told the gentlemen of the jury that after all there was only a difference of opinion in this case, "and who should decide when doctors disagree," and directed a verdict to be returned, "Died a natural death, by the visitation of God," which was recorded, and Mr. Pickering received the fee of a guinea.

I will take this opportunity of bringing to the notice of the profession the concluding part of another inquest held last Saturday, the 13th instant, at the Birdcage Tavern, Birdcage-walk, Bethnal-green, on the body of Mr. George Bennett, who was a highly-respectable and valuable character; he died suddenly whilst walking to town; the particulars may be known by referring to the different newspapers, although there is a wrong statement contained in some of them, "that Mr. Wallace's assistant saw the deceased, and said he died of apoplexy;" my assistant made no such statement; but my reason for drawing attention to this is, that no medical evidence was brought forward on this inquest." The coroner said, that the cause of death *was no doubt the rupture* of a vessel of the heart, and the jury returned a verdict of "Natural death, by the visitation of God."

With regard, Mr. Editor, to such as Mr. Mark Pickering, it is evident that it behoves every legally-qualified practitioner for himself, and more particularly for the public, to endeavour by a cordial union to obtain a legislative enactment, whereby such ignorant pretenders could be punished summarily before a magistrate; and, Sir, there is an undeniable evidence, as shown in the two cases, and many others could be adduced as proof of the necessity of having medical coroners.

These are facts which I leave with the profession to judge upon, without further comment, than that I trust all such cases will be borne in mind and recorded. I am, Sir, yours, &c.

RICHARD WALLACE, Surgeon.

Hackney-road, Nov. 17, 1841.

THE LANCET.

London, Saturday, December 11, 1841.

WHATEVER may be the degree of encouragement which is afforded to the cultivation of the arts and sciences in any country; whatever may be the number of distinguished men occupying the highest places in the Universities and other literary institutions of any nation, the reputation of an empire for the principles of true liberty must, after all, be found to depend on the *due* administration of justice to *all* classes of the people. If the laws be *partial*, if the occupants of the judicial seats be ignorant, or corrupt, or if the law be made to *vary*, and to operate unequally with respect to *rich* and *poor*, no country in which such things happen can be said to enjoy, practically, the noblest principles of liberty and justice. The legal institutions of England have acquired a high reputation throughout the world. At the same time it must be confessed that they abound with imperfections and abuses, both, happily, being more apparent in the civil than in the criminal system of our judicature.

Amongst the institutions of this country which have been founded for the protection of the subject, and the detection and punishment of crime, is THE CORONER'S INQUEST. Elected, in counties and in boroughs, by the people, the CORONER is an officer who, in ancient times,—before other functionaries had arisen to interfere with his duties,—obtained considerable distinction, and was an officer of much weight and authority. In a remote period of our history the preservation of the peace of counties was intrusted entirely to the CORONERS and SHERIFFS, both classes of those officers being at that period elected by the freeholders. Although the Sheriffs have for a long time been appointed by the Crown, excepting in the city of London, where they still are elected by the inhabitants, Coroners for counties acquire their offices, as in ancient times, by the suffrages of the freeholders. In the administration of the criminal justice of this country, the Coroner's inquest for a long period enjoyed very considerable reputation, and commanded no small share of the confidence of the community. But, in the progress of time, as the duties of the Coroner's office became diminished by the appointment of Justices of the Peace, and as the common-law powers of Coroners became deteriorated and weakened by several statutory enactments, the importance of the office continued to decline, until "Crowner's-'quest law" became a subject of jest and ribaldry, even with the vulgar. The provisions of some of the statutes to which we refer having had a direct tendency to make the Coroner dependent upon *the magistracy*, in matters of *finance*, it has but too frequently happened that the more important duties of the office have been rendered subservient to a disreputable feeling of private interest. Instead of maintaining that independence of spirit and action which ought to be the most prominent characteristic in the mind of every judge, however humble his station, the regulations which have been created by law with regard to the office of Coroner have had the effect, but too frequently, of making that officer a pliant instrument in the hands of his aristocratic neighbours and patrons.

The Legislature, therefore, is accountable, in great measure, for producing the weakened influence of the Coroner. At the same time, two other causes of deterioration must not remain unnoticed. First, the neglect shown by the people in the election of incompetent persons; and, secondly, the conduct of those ill-chosen individuals, in discharging the duties of their station. Nothing short of a well-founded conviction of the *necessity* of such an office could have enabled it to exist under the obstacles, the difficulties, and the reproaches, by which it has so continuously been beset and assailed. Had not the citizens themselves been called upon to act as jurymen at the inquests, it is certain that the

office of Coroner would long since have been merged in that of the "Justices of the Peace." But the spirited and determined conduct of the juries at inquests, in times of difficulty and danger, when the liberty of the subject has been in peril, and the encroachments of hereditary and feudal power have been threatening and tyrannical, has preserved the office from being annulled, the honest verdict of a Coroner's jury having frequently aroused the people to a patriotic sense of duty, and admonished a whole nation as to the utility and importance of the inquest. Besides, even in ordinary cases of crime, what is more advantageous to the due administration of justice than that the initiative of the criminal process should be taken by the people themselves,—by citizens, honestly and impartially chosen, and empanelled as a jury to determine on oath whether their neighbour—possibly a former friend—has been guilty of an offence for which he shall be subjected to a trial at the bar of criminal justice? When the citizens themselves are engaged in such a proceeding, their well-regulated conduct is always calculated to obtain the highest respect for, and confidence in, the administration of the law.

With these feelings and impressions the Editor of this Journal undertook the office of Coroner for the County of Middlesex. Attaching great importance to the inquest, believing that such an institution was calculated to confer numerous advantages upon the community, placing a steady reliance upon the conviction that a knowledge of medicine was a necessary adjunct to the other mental qualifications by which a Coroner should be distinguished, he entered upon the responsible and onerous duties of his situation with a firm determination to aid the efforts of such of his contemporaries as were endeavouring in different parts of the empire to obtain for the office the respect and confidence of the public. In following out that resolution he has encountered the keen hostility of persons in authority, but he is not aware that he has suffered defeat in any of the contests with them in which he has been engaged. If the presiding officer of a court of justice submits, with a truculent spirit, to be swayed in his conduct and decisions by considerations irrespective of the merits of the cases which he has to investigate, he must become a pest, a moral nuisance, and the institution to which he belongs a foul source of iniquity.

Complaints, probably not altogether unfounded, have sometimes been alleged against the inquest, on the ground that its proceedings have been varied according to the stations of life in which the persons of the deceased individuals had moved,—that in the one case there has been pomp, parade, display,—that in the other there has been manifested gross carelessness, indifference, and even neglect. Such accusations, when well founded, must operate with prodigious effect against any court which claims the respect of the community.

We really discuss this subject with very great pain, having entered upon it most reluctantly. It has long been avoided in these pages, and we only return to it from an uncontrollable sense of duty. In the endeavour to prove that we have adopted a right course since the office of Coroner has been held by us, we have not the remotest desire of showing that our contemporaries have taken a wrong view of some of its duties. At the same time truth compels us to state that we have not observed that steady and invariable rule of conduct in the presiding officer of the court which, in our opinion, legitimately belongs to his station. On this occasion it is our purpose to advert only to one class of cases in which this unsteady and variable action is traceable. We refer to *the summoning of medical witnesses at inquests;* and the questions which have been proposed to us by a great number of professional correspondents,—Coroners, as well as physicians and surgeons,—leave us no choice in the matter, but imperatively demand a distinct and plain declaration of the rule of action by which we are regulated in requiring the aid of medical testimony.

Numbers of our professional brethren have complained that they have not been summoned as "witnesses," and in describing the instances in which their evidence has not been required, they have shown that they have fallen under the operation of that *rule* of the court which did not require medical evidence.

We beg the reader to lay especial stress upon the word *rule*, and we would ask whether it is possible that Coroners' inquests can be tolerated as judicial tribunals, if they be not governed by some strictly recognisable principles of action. The *rule* which we have adopted with respect to summoning medical witnesses we shall explain presently, and it can be accomplished in a very few sentences. But what do we observe in the courts of many of our contemporaries? In some of them that the medical witnesses are produced by *the relations*. In others, by *a friend*. On many occasions, by *the beadle*. And, not unfrequently, the medical gentleman is in attendance, waiting to be examined, *without having received a summons either from the Coroner or the beadle*. In the whole of these cases it too often happens that the medical witness *is* examined, and receives his fee, the entire proceeding being, at the same time, *contrary to law*, and calculated to bring Coroners, as well as medical testimony, into direct disrepute with the public.

Again; this happens. A *gentleman* dies, suddenly. He has dropped down dead, possibly, in the presence of *three or four persons*. At the inquest, two medical practitioners are called as witnesses. What is their evidence? Why, that the deceased person was *dead before they arrived at the house*, and that they are *unable to state* what was *the precise cause of his death*.

A few days subsequently a *poor* man dies, under exactly the same circumstances, and in the presence of several persons, at midday. Are two medical men called in that case? No. Even one is considered to be unnecessary, and the evidence of the bystanders, who merely witness the transaction, is deemed to be sufficient.

Such a system as this is a scandal, a disgrace, an abomination, in a court of justice, which ought not to be endured. Why is there this difference of practice in the two cases? Was not the life of the poor man of as much importance to society as that of the rich man? Were not the feelings of his relatives entitled to equal consideration and respect with those of his wealthy neighbour? How, we would ask, is the inquest to be entitled to the confidence and sanction of the public whilst it is thus conducted?

Take two other cases. The wife of a tradesman dies suddenly, in the day-time, while sitting at table with several members of her family. A medical gentleman is sent for, but does not arrive until after she is dead. An inquest is held. The evidence of the servants and of the other persons who were present at the time that the death happened, is perfectly satisfactory to the jury, leaving not a doubt upon their minds, or upon that of the Coroner, that the death was natural. A verdict is returned accordingly, and it is determined by all parties that not the least necessity exists for medical evidence.

Within a few days afterwards, in the same street, the wife of another tradesman, sitting at table, with six or eight persons, suddenly drops from her chair, and expires instantly. The surgeon, as in the former case, arrives only in time to witness the grief of the relatives at her death. He sends an account of the case to the Coroner, and receives, in acknowledgment, an order for making a post-mortem examination of the body, and his attendance at the inquest. As in the first case, the non-medical testimony clearly establishes the fact in the minds of the jury that the death was natural. Yet the medical testimony comes *in addition*, when it is *not wanted* by the jury.

The deaths having happened in the same street, several of the jurymen may have acted on both occasions; and we would ask, what reflections such proceedings must produce amongst the inhabitants of the neigh-

bourhood? What thoughts are created in the minds of the jurymen? They must believe one of two things, namely, either that the first inquest was an utterly useless ceremony, because there was no medical evidence, and no medical examination of the body,—or that, in the second case, the summoning of the medical practitioner, and the paying to him of a fee of two guineas, was *a job*, a robbery of *the county purse*, an iniquitously corrupt *connivance* between the Coroner and his medical witness.

But bad as is this view of the case, there is something equally pernicious left behind. The neighbours ask this question,—As the body of Mrs. A., who had died suddenly, in the presence of several persons, was not opened, and the Coroner and Jury were quite content without carrying the inquiry to such an extremity, why was that of Mrs. B. cut open and inspected? The ready answer is supplied by the lips of some malignant enemy of the family,—"There was a suspicion "that she *might* have died by something "wrong getting into her stomach. I don't "wish it repeated; but it is pretty well "known that Mr. B. and his wife did not "live upon the best of terms."

Is such a system as this to be sanctioned under the imposing titles of LAW and JUSTICE,—a system which is calculated to *create* a suspicion of a most infamous character against the surviving relatives, and add intensely to the poignancy of their grief? Let any Coroner, whose proceedings these cases illustrate, be asked why he adopted totally different proceedings in the two cases. Could he give a satisfactory answer to the question? We would defy him to do so. Then, if the mode of conducting the business of his office be not corrupt, what is the certain fruit of his ignorance or incapacity? A growing dissatisfaction on the part of jurymen at the payment of medical witnesses under *any* circumstances, and a desire to exclude their evidence on *all* occasions.

These evils are of great magnitude, and we have endeavoured to avoid them by the observance of one plain, simple rule, in our office. In all cases of sudden death, where there is no ground whatever for suspecting that the death has been produced by other than natural causes, we do not, in the first instance, summon medical testimony; but if, in the course of the inquiry, the remotest suspicion arises, from the non-medical evidence,—from anything, in fact, heard or seen,—that the death has not resulted from the operation of a natural cause, then is it our invariable practice to adjourn the inquest, and at the next sitting to receive the evidence of a medical practitioner who has been furnished with the means of speaking positively to the immediate cause of death, by making an examination of the internal organs of the body. In that case the suspicion is *known* to exist before the examination of the structures of the body is instituted. Under these circumstances the relatives, if they be guiltless, must feel the greatest satisfaction at the adoption of a measure which establishes their innocence, and the disclosure of the complete groundlessness of the horrible imputation which had been cast upon their characters. On the other hand, if a crime have been committed, the examination of the body affords a certain foundation for its detection. The value of medical testimony in such cases, and in many others, cannot be too highly estimated, and the only mode of bringing it into disrepute is that of requiring the attendance of medical practitioners at inquests, at times and on occasions when it is utterly out of their power to furnish any useful information to the jury.

Were we to be asked whether we believe that the utility of the Coroner's inquest would be increased by the institution of the post-mortem examination in all cases of sudden death, we should emphatically reply *Yes*, and that not a doubt exists on our minds as to that subject. But would the public tolerate the practice? Would the rate-payers submit to the expense which it would entail? Every man of common sense and

honesty must at once answer both of these questions in the negative.

In a future article we will endeavour to show in what manner the utility of the inquest would be increased by adding to the number of post-mortem examinations to the extent here stated. It will also be well to notice the effect of a power relative to medical testimony, which juries at inquests have derived from the operation of the Medical Witnesses' Act.

THE ROYAL MATERNITY CHARITY.

In consequence of the lamented death of Professor Davis, the office of physician to this important and extensive charity has become vacant. Mr. John Hall Davis, the eldest son of the deceased physician, is a candidate for the unoccupied situation, and having distinguished himself at the University of London, as well as at University College, for his ability and professional attainments, and considering the irreparable bereavement which his family has just sustained, we cannot believe that there is a gentleman in the profession who will openly stand forward to oppose the election of such a candidate. In the beginning of the month of November last the late Professor Davis, in consequence of his rapidly declining health, felt himself bound, in duty to his class, to resign the chair which he held in University College. Immediately afterwards, the pupils, as a spontaneous act of their own—unprompted and unsolicited—assembled in a body, and drew up, signed, and addressed the following memorial to the Council of the College:—

"We, the undersigned, pupils of the class of midwifery in University College, London, beg leave to present the following memorial to the Council of the College:—

"University College, Nov. 10, 1841.

"Your memorialists having with regret perceived that Professor Davis, in consequence of ill health, has retired from the duties of his chair, beg respectfully to express a wish that the course should be continued on the same principle as that on which it has been commenced; and, for the accomplishment of this object, they believe no one to be more capable than Mr. John Hall Davis.

"This opinion has been founded on, and is confirmed by, the experience which they have had of his power of conveying information displayed in the mechanical department of the class, the assistance and advice which they have received from him in the more difficult cases of midwifery in which they have had occasion to consult him in the absence of his father; and, lastly, the tact and ability which he has displayed in examining the class during the late illness of the Professor.

"Should the Council be pleased to adopt the recommendation thus respectfully submitted, your memorialists will ever entertain a deep sense of gratitude for the kind consideration thus afforded to them."

(Signed by the whole class, with the exception of two absent students.)

A document testifying more strongly to the ability of a teacher and practitioner, or one of a more honourable character, considering the relation in which Mr. Davis had stood to the pupils, as their instructor, friend, and associate in attendance upon parturient women, was never addressed to any individual, whatever may have been his standing in the profession. Such a testimonial is alike creditable to the memorialists, and the object of their solicitude.

In a case of this kind the senior members of the profession ought not to be indifferent or inactive. If there were a *concours* for the appointment, not a word should we write on the behalf of Mr. Davis. We should fearlessly see him enter the arena of mental strife, confident that if he did not become the victor, he would yet obtain distinction for his own individual character as well as honour for the institution in which he was educated. But inasmuch as his qualifications are undoubted, and his claims to support unquestionable, we earnestly hope that,—under the afflicting position in which he has been placed by the death of his father, out of respect for the memory of the deceased, and from a benevolent desire to render a service to the living,—the members of the profession will call into action all the legitimate influence which they can command on such an occasion, in order to secure the election of so estimable and deserving a candidate. We repeat, that we cannot believe that there is in the profession one *gentleman* who will oppose the election of Mr. Davis.

The Fifty-ninth Report of the Visiting Justices of the County Lunatic Asylum at Hanwell. London: J. T. Norris, Aldersgate-street. 1841.

Third Report of the Resident Physician.

Report of the Chaplain.

These reports, forming, under one cover, a volume of 140 pages, will be read with deep interest, not only by the medical profession but by the public at large. They contain a most lucid enunciation of the principles upon which the treatment in the Hanwell Asylum is founded, and satisfactorily demonstrate that it is as safe in practice as philanthropic in theory. In the report of the resident physician the general features of his system are developed, strongly enforced, and well and variously illustrated by details of cases under treatment in the asylum. In short, the facts embodied in this valuable volume for ever set at rest the great question of the practicability, as well as the humanity, of the new method of treating the insane; and in noticing its contents we cannot refrain from expressing our gratification that the intestine warfare by which the proceedings of the committee and Dr. Conolly have been so seriously embarrassed, is ended, the management of the asylum being now carried on in a spirit of unity and concord. "The interruptions of illness," says Dr. Conolly, "have, during the last year, made the resident physician more than usually dependent on the activity and fidelity of the officers and servants of the asylum; and he wishes he could sufficiently express his grateful acknowledgments to each and all of them. It is a source of great satisfaction to believe that there is not an officer or attendant in the whole of the numerous establishment who is, at this time, disposed in any way to impede the general and well-known design of the resident physician. From every department,—the medical, the economic, the household,—he receives uniform and valuable support."

We learn that the Middlesex Bench of Magistrates have, in a spirit which does them credit, directed an extra number of these reports to be printed, for useful general distribution; and we suggest to our medical brethren that applications should be made by them, and by the secretaries of the Metropolitan and Provincial Medical Societies and Libraries, to the visiting justices, each for one or more copies of them for the use of the members. We do not doubt that such applications would be successful. To facilitate them we subjoin a list of the committee which precedes the report of the visiting justices. Amongst them we recognise with great pleasure some of the most useful members of the last committee, but we deeply regret the absence from the list of the name of Mr. Tulk, their late excellent chairman, and that of Mr. Garford, whose upright and indefatigable, though unostentatious, services the committee, we believe, that it would be difficult to replace. The following is the list, with the addresses:—

Mr. Sergeant Adams, 5, Stanhope-place, Hyde-park.
Benjamin J. Armstrong, Esq., Southall.
George Baillie, Esq., Hanwell-grove.
Charles Devon, Esq., Teddington-place.
Wm. Beckwith France, Esq., 63, Cadogan-place.
Sir John J. Hansler, Tavistock-square.
Robert M'William, Esq., 12, Torrington-square.
W. A. Mackinnon, jun., Esq., 4, Hyde Park-place.
Henry Pownall, Esq., Spring-grove, Hounslow.
Thomas Russell, Esq., 8, Park-terrace, Camden-town.
Captain Jelf Sharp, Twickenham.
John Simpson, Esq., Hackney.
Arthur Smith, Esq., Grove-terrace, Kentish-town.
John Stock, Esq., Poplar.
John Wilks, Esq., 3, Finsbury-square.

MEDICAL STUDENTS AND THE CAUSE OF MEDICAL REFORM.

To the Editor of The Lancet.

Sir,—It is natural for students of the medical profession ever and anon to turn from the present to the future,—from the details of the lecture-room, and the high-flown theories of the modern professor, to the more important part of their affairs, the object and end of their studies,—their prospects of *practice*. In such contemplation they cannot but with great concern reflect upon the chances of *success* which may be theirs, as well as the circumstances that influence them, and encourage or forbid hope.

At the present time, to medical students the prospect is most dreary, and so great a sense of the difficulties of their situation appears to be impressed upon them, that the greater number seem to have settled down into a miserable lethargy,—to have

ceased all exertion,—since they imagine that their hopes are fled. After the routine of an expensive education, after sacrificing comfort, and risking health, or irretrievably impairing it, after a course of severe study and mental anxiety, after sleepless nights, and daylight that he can scarcely call his own, after the payment of fees to the various corporate bodies of physicians, surgeons, or apothecaries, the medical man finds the arena into which he has had so great difficulty in gaining admission, preoccupied by piratical innovators, who claim his privileges, assume his rights, and pocket his fees, and against whom he has no protection. On the contrary, these very encroachers are countenanced by the Government, and licensed in their fraud.

Perhaps medical students are ready to answer, "It is not for us, but for the senior members of the profession to interfere in this matter." Let such objectors pause, and consider the validity of their position. It is not the senior, or the successful practitioner, whose interest it is to reform these abuses; because he has, by some lucky accident, or some fortunate interest, set at defiance these unlicensed innovators. NO; he feels not the burden, and will not strive for rights which he has himself already more or less obtained. It is to the junior members, to the *students* of the profession, that the injury is done. Upon them the burden lies, and it is for them to take those measures which shall be likely to remove it.

The present period is particularly suited for action. The brief stillness in the political world allows voices to be heard which at another time would be drowned by its bustle. Perhaps if this chance be let to pass, another may never occur.

After having devoted considerable attention to the subject of medical abuses, and to the disagreeable prospect which is presented to the student of medicine, several of my brother pupils of the college to which I have the honour to belong, have formed the opinion that at a GENERAL MEETING of the medical students now attending the schools of this metropolis, our affairs might be discussed with great advantage to ourselves and to the public.

If I find that this proposal receives any encouragement from those junior members of the profession whose future interests it so deeply concerns, steps shall immediately be taken for carrying it into effect in the most beneficial and practical manner. I have the honour to be, Sir, your very obedient servant,

LIB.

London, Dec. 8, 1841.

OBITUARY.

DR. BIRKBECK, the well-known friend of Mechanics' Institutions, died, at the age of sixty-five years, on the 1st of the present month, the anniversary day of the establishment of the first society of that kind which was formed in London. Dr. Birkbeck practised as a physician in Broad-street, and had had one of the largest rolls of patients under his treatment of any medical practitioner in the city. A more highly-respected member of the profession has not lived in our time, nor was a more popular man of science to be found in this country. He entertained the most enthusiastic impressions of the advantages which were derivable by society from the liberal education of the working classes, and, to carry into effect his views in the metropolis, he had advanced not less than 3000*l.* on behalf of the Mechanics' Institution in Chancery-lane, besides making frequent contributions to similar associations in the country. He was born at Settle, in Yorkshire. His father was a banker and merchant. He studied medicine, first at Leeds, then in London, and finally at Edinburgh. At twenty-one years of age he became Professor of Natural Philosophy in the Andersonian Institution of Glasgow, the science of mechanics having specially engaged his attention from an early period of his education. From Glasgow he came to London. In stature Dr. Birkbeck was below the middle size. His countenance was pleasing and sedate, his general appearance having most of the characteristics of the class to which his family belonged, the Quakers. He had not devoted much time to the communication of his experience to his medical brethren, and was but rarely seen at the medical societies, where most practitioners possessing the faculty of speaking with facility in discussions are at some time or other of their career to be found. The last occasion of such a visit was, probably, that which occurred at the Westminster Medical Society, when the thanks of the members were announced to be presented to the medical officers of the Aldersgate-street Dispensary, for their spirited resignation under the attempt which had been recently made to compel them to become parties to the degradation of themselves and the profession, prepared by some of the non-medical governors of the institution, and abetted by certain medical intriguers out of it. Nothing more appropriate, or in a more graceful or finished manner, could have fallen from any orator

than came from the lips of Dr. Birkbeck on that evening. In quitting this life there remains behind him, we believe, none but the most gratifying recollections, save that of his loss to them, in the bosoms of his friends.

On Saturday, Dec. 4th, 1841, departed this life at his house in Russell-place, Fitzroy-square, DAVID DANIEL DAVIS, M.D., aged sixty-nine years. Dr. Davis had recently resigned the chair of obstetric medicine in University College, London, and the office of physician to University-College Hospital. He was formerly physician to Queen Charlotte's Lying-in Hospital. He was the author of many medical works which have become standard productions in the profession. Dr. Davis was physician-accoucheur to the Duchess of Kent at the birth of her present Majesty, Queen Victoria.

BRITISH MEDICAL ASSOCIATION.

Exeter Hall, December 7, 1841.

Dr. WEBSTER in the chair.

THE minutes of the last meeting were read and confirmed.

James Johnson, Esq., 6, North-place, Gray's Inn-lane, was elected a member of the association.

A long discussion took place on the subject of fees from assurance companies, when the following letter was ordered to be printed for the use of members of this association, to be transmitted by them to any office which might apply for a medical opinion as to the eligibility of the assurer:—

Resolved, "That the members of this association pledge themselves not to answer the inquiries of insurance companies, unless accompanied by a fee."

"Sir,—The British Medical Association having, at a general meeting held on the 30th of September, 1837, and at other subsequent meetings, passed the above resolution, you will see that, as a member of this association, I must decline answering your questions respecting the health and safety of insuring the life of ———, unless you transmit me the fee of one guinea, when I shall give my best attention to them. The British Medical Association think that this fee should be paid by the assurance companies; but it must be a matter of arrangement between themselves and the proposer whether *it*, or any *part* of it, should be paid by the latter; it should at all events accompany the letter which is sent by the company. I remain your obedient servant,

"To ——— ———." "——— ———."

It was then resolved, "That on all occasions in which members of this association shall be called upon to act in accordance with the resolution just passed, they shall be at liberty to inform their patients that they have been under the necessity of following that course of proceeding."

Letters were read from William Tucker, Esq., Market Lavington, Wilts; A. B. Maddock, Esq.; G. W. Smith, Esq., Secretary to the Pharmaceutical Society; Thomas Wakley, Esq., M.P., &c.: the latter accompanied by the breviate of the Bill on medical reform, to be considered at a future meeting.

A verbal report of the committee on illegal practice, together with the result of their interview with the Society of Apothecaries, was given; a more detailed account of which will appear shortly.

The meeting then adjourned.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Nov. 23, 1841.

JAMES COPLAND, M.D., in the chair.

A Case of Aneurism of the Ascending Aorta bursting into the Right Ventricle. By THOS. J. BECK, Esq., Lecturer on Surgery at Sydenham College. Communicated by Dr. ROBERT LEE.

ON examination of this after death, a communication was found to exist between the ventricles. The aneurismal sac, which resembled the finger of a glove, three-fourths of an inch in length, had burst at its extremity into the right ventricle. The author observes upon it as follows:—"It has been questioned whether the opening between the aorta and right ventricle was an original malformation, having the same probable origin as the opening between the ventricles, or whether this is the remains of an aneurismal sac; but from the history of the case, the situations of the openings, the extent and nature of the disease found around it, being the same as is found around other aneurismal sacs, the latter appears the most probable conclusion, which is considerably strengthened by a reference to the cases detailed by Mr. Thurnam, in the twenty-third volume of the 'Transactions' of the Society, and from an examination of the preparation."

Dr. ADDISON had seen the case of aneurism detailed by Mr. Thurnam, in the society's "Transactions," and mentioned in the paper just read. In Mr. Thurnam's case the physical signs were much the same as were observed in the present instance; their locality and the unpleasant bruit of the heart were identical, but the time at which the sawing sound of the heart was heard was different, as it was audible on the systole of the organ, and most so at the upper part of the heart, and over the chest as high as the clavicle. Many practitioners saw this

case, and were puzzled to diagnosticate it. He considered it to be disease of the aorta, with some unnatural connection with the ventricle; the peculiar thrilling and sawing sound was found after death, which occurred from dropsy, to have been produced by the passage of the blood from an aneurism of the aorta into the right ventricle.

Dr. C. J. B. Williams had seen the case mentioned by Mr. Thurnam. Mr. Thurnam had thought the prolonged murmur was owing to regurgitation through the mitral valve, owing to disease in that structure. The sound, however, was prolonged beyond the period of the second sound; he (Dr. Williams) thought the sound had been produced by a rush of blood from one artery to another; he did not come to any decided conclusion as to its direct cause, but conjectured that it was dependent on an aneurism of the aorta, having an unnatural communication with some other vessel. The prolonged murmur alluded to had existed in Mr. Beck's case also, and might, perhaps, if it had been observed in other cases, be taken as a diagnostic mark of the disease. The extensive dulness observed on percussion in these cases was not to be accounted for by the size of the aneurism. This symptom was supposed in Mr. Thurnam's case to be dependent on effusion into the pericardium, but it did not arise from this cause, when he (Dr. Williams) saw him, for there was then an extended pulsation, and it must, therefore, have originated in the aneurism of the aorta. This extensive dulness on percussion was also observed in other aneurisms, and seemed to show that they were larger during life than after death, if there was not a large deposit of fibrine. The force of the circulation would account for this difference in size.

Dr. Addison considered the dulness on percussion to be a symptom not at all to be relied on. He had seen a case of a considerable-sized aneurism in which there was no dulness on percussion.

Dr. Williams would not consider the dulness on percussion taken by itself as of great value, as a symptom diagnosticating the presence of aneurism. He had, however, never met with a case of aneurism of the arch of the aorta, or of the innominata to any extent, which was not accompanied by dulness on percussion; this was, therefore, an auxiliary in our means of diagnosis, but, of course, other symptoms of the presence of a tumour would be looked for.

On the Structure of the Human Placenta. By John Dalrymple, Esq., Assistant-Surgeon to the London Ophthalmic Infirmary.

In the early part of the present year the author having pursued some anatomical investigations intothe structure of the human placenta at term, and having made several drawings of the injected capillaries of the tufts, afterwards had an opportunity of seeing the copies of Weber's drawings, given in the "Icones Physiologicæ" of Wagner, and transferred to the pages of Dr. Willis's translation of the latter author's Physiology. The resemblances of the present drawings to those given by Dr. Willis were so striking, as to go far of itself to prove the correctness of both draughtsmen, and to corroborate the views entertained by Weber of the anatomical conditions of the organ. They differed also from the engravings of Dr. Reid (given in the January number of the "Edinburgh Medical and Surgical Journal" for 1841), inasmuch as no where could be seen an artery and vein running side by side, forming an apparently single vessel, though with a double tube, and terminating abruptly in blunted extremities, where the anastomosis took place between them.

First. It appeared from Mr. D.'s observations that the placenta was made up of the innumerable subdivisions of the umbilical vessels terminating in beautifully coiled and convoluted capillaries, which formed tufts or bouquets of vessels, clothed by a prolongation of the endochorion, derived from the fœtal surface of the organ.

Second. That no where did a division of an umbilical artery terminate otherwise than in a branch of the umbilical vein; and each branch as well as tuft of vessels was covered by a prolongation of the before-named membrane.

Third. That each tuft was, in fact, a real villus, the endochorion being covered externally with an epithelium-like tissue, having nucleated cells and corpuscles.

Fourth. The uterine surface of the placenta is covered by the decidua, which does not appear to enter further into the structure of the organ than between the lobules, and the depth to which it thus penetrates varies with the depth of the fissures.

Fifth. That fibrous bands stretch from the fœtal to the placental surface of the organ, giving firmness and support to the vessels.

Sixth. That there are no defined cells in the placenta, but that the nutrient fluids of the mother are poured into the interstices of the tufts, which are not bound or connected together by a common cellular tissue.

Seventh. That on the decidual surface of the placenta are thinly scattered here and there blunt conical papillæ, about a line and a half in length, made up of innumerable coiled and contorted capillaries. Query? Are these the analogues of the fœtal cotyledons of the ruminants?

From these observations, which were given in minute detail, the author has attempted to simplify the functions of the human placenta. He observes, that in the incubated egg, in consequence of the non-connection between

the embryo and parent, that a nutrient or respiratory organ is indispensable, and hence the more complicated system of vessels. That in the oviparous vertebrata, the vitellary sac, and the omphalo-mesenteric vessels, represent the placenta of the mammalia, which is the absorbent organ of the fœtus; but while, in the one case, the nutrient materials of the mother, already aerated by her lungs, are conveyed by the uterine arteries for absorption and nutrition of the embryo; in the other, the materials of the blood are absorbed by the folds of the vitelline sac, and conveyed through the circulation of the young bird, requiring, however, contact with oxygen for a second circulation. Hence a new membrane, or one that is persistent up to the time of independent respiration, namely, the allantois; and hence, also, the more complicated system of its vessels. The allantois, as a respiratory membrane, exists only as a rudimentary organ in mammalia; and the function of the placenta being solely that of nutrition by already-oxygenised materials, the cord contains only a simple system of incurrent and excurrent vessels.

Dr. Robert Lee, in the course of last summer, had examined several very minutely-injected placentæ, and had no doubt, from what he had then observed, and from what he had seen in the placental tufts of the sheep, that the account now given by Mr. Dalrymple, of the manner in which the fœtal arteries of the human placenta terminated in the veins, was correct. When the blood-vessels of the human umbilical cord reached the placenta, they all carried before them a layer of the chorion, or became invested with a sheath of the endochorion, as it had been termed. It was easy to demonstrate that any fœtal vessel of the human placenta had two coats; the inner being a continuation of the blood-vessels of the cord, the other the sheath of endochorion. Between these vessels, on the fœtal side of the placenta more particularly, there were large irregular interstices, or spaces, which freely communicated together, and were called by Dr. William Hunter "the cells of the placenta." Into these, the existence of which he (Dr. Lee) had formerly doubted, the maternal blood flowed by the small curling arteries in the placental decidua, which were continuous with the arteries, or anastomosed with them. Dr. Reid had stated that the veins of the uterus were continued into the placenta, and formed the interstices, or cells, in the organ into which the maternal blood flowed; but he (Dr. Lee) was satisfied that this opinion was incorrect. The veins of the uterus always terminated in smooth, oblique openings in the lining membrane, which were not continued into the placenta. There were oblique openings in the placental decidua, it was true, which corresponded with these smooth, oblique openings in the lining membrane of the uterus, and by means of which a communication existed between the interstices of the placenta and the venous system of the uterus. These structures, however, were entirely different from one another; and when the placenta was separated in the labour, the arteries and veins of the uterus were opened but not lacerated.

In answer to a question from Mr. Oldham,

Mr. Dalrymple observed, that the object of his paper had no reference to the communication between the embryo and the mother, but was confined to the special anatomy of the placenta itself. He had never had the good fortune to obtain a gravid uterus, and could not, therefore, speak from actual observation of the mode of vascular connection which existed between the fœtus and the mother. He had not observed bodies resembling those seen on the fœtal membranes of the pachyderms, but thought that the blunt papillæ, mentioned in the paper, were rudiments, or analogues, of the fœtal cotyledons of the ruminantia. Mr. D. expressed a hope that those gentlemen who possessed frequent opportunities of inspecting recent placentæ, would direct their attention to the question, whether the vibratile cilia existed on the covering of endochorion forming the papillæ, or placental tufts, which the epithelium-like scales and corpuscles rendered not improbable. The highest powers of the microscope only would be available for such a purpose, and the placenta should be examined with the least possible delay, as much variation as to the time the vibratile action remained existed with regard to these objects, after separation from the living organism.

WESTMINSTER MEDICAL SOCIETY.

Saturday, Dec. 4, 1841.

Dr. Golding Bird, President.

DISORDER AND DISEASE OF THE BRAIN.

The debate of this evening originated from the subject discussed at the last meeting, and had reference to the diagnostic marks which would enable us to decide whether certain symptoms were referrible to mere functional disorder, or were dependent upon organic disease of the brain. Were we possessed of this knowledge?

Dr. Chowne related the following case:—A little girl, about eleven years of age, who had been healthy for several previous years, received a slap on the back from her mother for some offence, and was sent to bed. Next morning on awaking she complained of much pain in the head, her intellect appeared to be waning, and she could not stand or walk in the manner she had been wont to do. When brought to Dr. Chowne, her appearance immediately suggested the question, Is she idiotic? There was an appearance of

great vacancy in the face; she occasionally placed her hands over her head, and complained of great pain; and when in the intervals of ease she attempted to walk, she did so with a zig-zag motion. There was diminished sensation in all the limbs. From these symptoms and the history of the case, so far as he was then acquainted with it, Dr. Chowne considered that they indicated organic disease of the brain. Further, inquiries, however, which elicited the following facts, made him alter his opinion:—When four or five years of age she was taken ill, and became remarkably emaciated and weak; her intellect was also almost lost; she was ordered into the country for change of air. The voyage round the coast was made in a steam-packet. When taken on board she appeared to be quite insensible, and bereft of reason. Before the end of the voyage, however, she suddenly appeared to be better, her intellect brightened up; she asked for something to drink, and from that moment gradually improved, and soon after getting on shore appeared quite well. She remained in health for some time, when on an occasion of great mental agitation the vacant look returned, and reason was again lost; she was restored, as formerly, without treatment. These facts had led him to suppose that, in truth, there was no organic disease of the brain in this case. The opinion was grounded,

Firstly. On the suddenness of the first attack and its removal.

Secondly. On the similarity between the second and first seizures; and,

Thirdly, On the third attack being caused by a sudden shock, and having been similar in its results to the two former attacks. She was now recovered from the third attack, her strength and intellect having been restored. The treatment had consisted in paying attention to the condition of the stomach and bowels, and under the impression that there was organic disease, the placing a seton in the back of the neck. It might be objected that if the phenomena exhibited in this case had depended on some slight organic change, as effusion, or slight thickening of the membrane, that there had been time during the treatment for these changes to be overcome; but looking at the manner in which the patient had recovered from the former attacks, as well as to the suddenness with which they supervened, he could not help thinking the symptoms were dependent upon functional and *not* upon organic causes.

Mr. Rutherford Alcock remarked, that the case of Dr. Chowne was one of much interest, but it left the question under discussion in the state it formerly was; there was unquestionably great difficulty in deciding whether certain symptoms were the result of physical change or mere functional disorder. In Dr. Chowne's case the affection would appear to be decidedly functional, from the suddenness of the attack without obvious cause, and the sudden manner in which the patient became an intellectual being from the condition of an idiot. It could not be thought that organic change had existed in this case. This suddenness of change he had considered to be the most distinctive sign of the disorder being functional, but this was not always to be relied upon; he related the case of a young gentlemen who had suffered from tubercles of the cerebellum of slow growth, and of which, after a month's illness, he had died. During this period he had suffered violent pains, like those of rheumatism, along the course of the spine and through the head; these pains occasionally left him; the intellect in the first part of the month was clear, and even when it became clouded it would occasionally suddenly brighten up, and give strong hopes of recovery. He died, and three large tubercles were feund in the cerebellum. The suddenness of the symptoms here proved a false guide in the prognosis. Mr. Alcock related another case illustrative of the same fact. A barrister died under his care with very extensive *ramollissement* of the brain: three years before death he became subject to attacks resembling epileptic seizures, during which he remained insensible for a period varying from thirty to sixty minutes; at times he was quite as well as ever, and went through his laborious practice with great ease, but occasionally became quite insensible, and lost his memory. One morning he was seized as usual, but symptoms of compression followed, he was paralysed, the breathing became stertorous, and he died in thirty-six hours. There was extensive ramollissement of the brain, chiefly affecting one side. Now, in contrasting these cases with that of Dr. Chowne, we should find that the sudden arrest or development of intellectual power did not constitute a decided symptom of mere functional derangement. He had, however, generally noticed that in cases of concussion where symptoms resembling compression were present, as, for instance, dilated pupil and stertorous breathing, the sudden and rapid abstraction of blood from the arm would be followed by perfect recovery of the intellect. He then considered that compression was not the cause of the symptoms.

Mr. Streeter did not look upon any single sign as decidedly indicative of organic lesion of the brain, except paralysis of some part, constant and persistent. This was indicative of disease of the tissues, or of the nervous matter itself. In our inquiries into this question, we must not forget that the brain was a compound organ; absence of intellect was as a single sign of little importance, and might depend altogether on the state of the circulation. All the symptoms presented to us must be taken into consideration in forming our diagnosis.

Dr. G. Bird related a case of extensive

ramollissement of the brain, in which the first symptoms were those of rheumatism, and had been treated as such. The patient complained of pains in his fingers, toes, and knees. Perfect insensibility took place previous to death.

Mr. Alcock had met with a case of pressure on the spinal column inflicted by a musket-ball on the bony parietes, in which the patient complained of dreadful pain and pricking sensations in the feet. It was interesting to inquire with how small a quantity of brain the intellectual functions could be carried on: he related a case in which a musket-ball passed from one temple to the other, right through the anterior lobes of the cerebrum. Several teaspoonfuls of brain came away from the wounds; the intellect was somewhat affected for seven or eight days, but the man then became sensible, and lived for several years afterwards.

Dr. Johnson remarked, that it was very difficult to trace the shades of disorder in the brain as manifested by symptoms; but was there any "disease" of that organ which was not preceded by functional "disorder?' He thought not. He proceeded to speak of the variety of symptoms which functional derangement of the brain produced, and the consequent difficulty of determining the presence of disease: generally speaking, paralysis of some part of the body was a characteristic feature of disease of the brain or of the spinal marrow.

Some conversation followed on the question, whether the brain ever could contain more blood at one time than another, in which Dr. Brooke, Dr. Johnson, Dr. Bird, and others, took part.

MEDICAL SOCIETY OF LONDON.

Monday, Nov. 29, 1841.

Dr. Clutterbuck, President.

GALL-STONES; THEIR PREVENTION AND TREATMENT.

The discussion on Mr. Crisp's paper was resumed.

Mr. Leese remarked, that gall-stones might exist without occasioning much disturbance in the system. He laid before the society a gall-bladder with a large stone at the mouth of it, taken from a patient who had died from the pain and exhaustion attendant upon an ulceration of the internal surface of the womb; the fæces had maintained a natural appearance until within a few weeks of death, when they had become very dark. This was attributed to intestinal irritation, as the diseased uterus had formed an adhesion to the neighbouring intestines; the patient had not suffered from jaundice; the liver was twice as large as usual.

Mr. Dendy observed, that in this case there was dropsy of the gall-bladder; in Mr. Elliott's case, which was similar, there was pain, and the patient had died suddenly: here there was no pain, and the gall-stone had nothing to do with the patient's death. Dr. Buckner complained of a dull pain in the region of the liver with rigors; an abscess formed and pointed in the region of the gall-bladder. After breakfast one morning the abscess burst without his being conscious of it, and two gall-stones fell upon the floor. He recovered in the course of a week. This gentleman was troubled with another complaint; he had two or three folds or pouches in the œsophagus, and before he could eat he was obliged to fill them with coffee.

The President said, that the mere presence of gall-stones was of little importance; they were found in persons who had died of different diseases, and gave rise to no symptoms until they were passing through the ducts. The principal mischief was the great tendency they had to recur: few pains were more severe than those occasioned by the passage of gall-stones, and the most active remedies were required to soothe them, such as opium, and other antispasmodics, which in themselves were injurious; but it was of practical importance to guard against future attacks, and to effect this the action of the liver must be changed, so as to produce an alteration in the bile. It was vain to look for remedies to dissolve the stones in the ducts; the quality of the bile depended upon the action of the liver; persons would pass gall-stones for years, complaining from time to time of acute pain at the scrobiculus cordis, which, in a few hours, was succeeded by jaundice: by employing those remedies which influenced the secretion of the liver, a permanent cure was effected. Vomiting and purging were the principal agents for this purpose; emetics should be given as often as the patient's strength would allow, perhaps twice a-week, and purgatives should likewise be resorted to; the mode of living should be attended to; the patient should be abstemious, and avoid sedentary habits. Mercury had been much employed, but as it was injurious to the constitution, he preferred the remedies which he had pointed out.

Mr. Headland thought that the subject should be divided into two parts, the mechanical and the physiological. Stones in the gall-bladder could not be dissolved, and when they had arrived in the ducts, our only resource was to palliate by sedatives. With regard to the relief proposed by Dr. Clutterbuck's remedies, he was of opinion that the quality of the bile depended rather on the quality of the blood from which it was formed than on the liver, which was merely the machine by which it was eliminated; the remedies proposed increased the quantity of

bile, and if the stone was thereby forced through the ducts, they acted beneficially; but when they failed to effect this, they only increased the evil. The precise effects of mercury on the blood were not known; but the alkalies and vegetable acids also affected the composition of that fluid: this was observed in scurvy, in conjunction with which gall-stones and jaundice were not uncommon.

Dr. CLUTTERBUCK remarked, that whatever influenced an organ affected its secretions: this was witnessed in the mucous membranes, which, when excited, not only poured forth an increased secretion, but one of an altered character. He had difficulty in connecting this change in the bile with a change in the blood, since that had not been proved.

Mr. DENDY believed that the disputants would not be found to differ materially in point of practice, but thought that Mr. Headland laid too much stress on diet as influencing the composition of the blood. It often happened that one secretion was healthy while another was depraved, yet the blood that supplied both was the same: the secretion of the liver was peculiar; it was not merely a matter to be eliminated from the system, but to be subservient to digestion. The remedies pointed out, mercury, citric acid, alkalies, did not always succeed; but when the liver was once brought into a healthy state of action the disease was removed.

Mr. PROCTER considered the liver to be peculiarly under the influence of the nervous system.

Mr. CRISP considered it an important point to decide what was the action of mercury upon the liver; he thought we were frequently in error in attributing an increased flow of bile to blue pill. He considered that an investigation into the nature and causes of gall-stones might be extremely useful, even according to the doctrines laid down by Mr. Headland, that they depended on changes in the blood; we might yet, hereafter, expect to discover remedies that would prevent their formation: he thought that diseased organs had more to do with altered secretions than had the state of the blood; albuminous urine, for instance, was found in conjunction with granular kidney. The object of his paper had been to elicit information respecting the treatment and prevention of that excessively painful disorder, gall-stones.

TUMOUR OF THE UTERUS.

Mr. HOOPER placed upon the table a diseased uterus, taken from a female who was supposed to have died from laudanum; she was forty-two years of age, had been subject to pains in the back, which during *coitu* and the menstrual discharges had been more frequent and profuse than they should have been; the body generally appeared to be healthy; but there were two very large tumours growing from the fundus of the uterus, of a hard semi-cartilaginous texture. Mr. H. was disposed to regard them as scirrhus: the body of the uterus was much reduced in size.

Mr. DARVILL thought the tumours were probably fibrous, and Mr. Dendy believed that they were not cancerous, as there had not been any acute pain; and there did not appear to have been much emaciation.

UNIVERSITY COLLEGE MEDICAL SOCIETY.

Friday, November 26, 1841.

THE NUMERICAL METHOD.

THE PRESIDENT (Dr. Bucknill) announced the subject for discussion to be Dr. Lankester's communication on the Numerical Method, and commenced the discussion by stating that he thought its merits and importance had been overrated. He disclaimed all hostility to the system, excepting when it was vaunted as the only one which could now advance medical knowledge. Dr. Lankester had argued as if it could be taken for granted that a close resemblance might exist between medicine and the more exact sciences, mathematics, for instance, or astronomy, or even chemistry. This Dr. Bucknill denied: triangles, squares, circles, were always the same in idea, and the reasonings founded upon their relationships must ever be perfect and conclusive, wrong or right. But in the practice of medicine the infinitely-complicated machinery of cause and effect was so varying, that no just parallel could be drawn between this and the strict sciences. Did ever two cases of disease exist precisely similar in all their details? The constant operation of mind in and upon disease seemed an insurmountable obstacle to the application of numbers, as the principal means in its investigation and treatment. Intellectual and moral science he believed to be quite as open to the application of numbers as medical science. If a parallel must be drawn between medical science and some other, let it be between that and legal science,—not statute law, but law based on the broad principles of justice and common sense. Here, as in medicine, the relation of cause and effect was extremely complex: cases are compared with preceding cases somewhat similar, called precedents, but no numerical method could possibly be adopted. The knowledge of the chances of loss of life or property at sea was useful to underwriters, and so to the public, but this numerical method could never save from such disaster; and however beneficially it might be applied to the chances of disease in life insurance, he doubted whether life ever had been or ever

would be saved by it. Yet this is the system which M. Louis affirms to be the only means of raising medicine from its present degraded position as an art to its true dignity as a science. Was M. Louis the man who in his own country held but a second-rate position, and whose book on Phthisis had not there reached a second edition, to assert that figures and industry should now be made to supersede all the higher and more refined intellectual faculties, which had hitherto been believed to be so necessary to the physician? Perhaps future ages might see a numerical method for making painters or poets; and if all that had been said in its favour were true, the best mental qualities for the physician would be such as now made a successful stock-jobber.

Dr. R. QUAIN regretted that he must differ from the respected President, who had in his opinion set by far too light a value upon the services of M. Louis, and on the system which he had founded: but at the same time he could not agree with Dr. Lankester, in considering this system as the only basis of all practical medical knowledge. In the history of disease the method of numbers would tend greatly to illustrate the conditions under which it occurred, and the causes which gave rise to it. It would likewise facilitate and make sure the diagnosis, by indicating where we may expect to meet with disease in other situations than that in which it is evident. In the forming of the prognosis, too, we should be aided by the numerical method; but it would be of less use to us when we came to the most important of all, the treatment. He believed that this system would never enable us to fix, as it were, the "equivalents of remedies." There were too many difficulties in the way—we had to deal not with the relations but with the properties of matter, and those properties subject to the influence of agents, of the nature of many of which we were entirely ignorant. It would thus be impossible to procure comparable and identical cases. But this difficulty did not depend only on the varied effects of vital and physical agents; we had also to rely on the results of observation. The experience of an individual was insufficient for this purpose: the calculus of probabilities, if applied to it, would afford most doubtful results. To extend the number of observations we need have recourse to those of others, where there must ever be a want of uniformity. He did not find fault with the system, quite the contrary; but with the difficulties of putting it successfully in execution. He believed that the results of observations thus made would be useful, but equally useful would be the exercise which their accumulation required. It was this that would form the practical as well as the scientific physician.

Dr. C. J. HARE asked, why were vague statements and mere expressions of opinion to be preferred to the numerical method? What were those opinions? They were but impressions left upon the memory, from which were deduced the facts. And what was that but the numerical method, in an imperfect state? He believed that this method was equally applicable to the science of medicine and to the exact sciences. It had not yet been applied to the latter, because its elements had not as yet been submitted to analysis.

Mr. MORTON believed that mere calculations would never constitute a skilful practitioner. He considered M. Louis an enthusiast in his advocacy of his system of numbers, and he (Mr. M.) was convinced that it would soon be evident how little influence this doctrine had over the treatment of disease. He feared that too great a confidence in this method would diminish the desire of acquiring tact and experience by the bedside.

Dr. LANKESTER stated that he anticipated opposition: five years since he had advocated this method in the same place—scarcely a medical journal spoke then in its favour; and most medical men felt themselves justified in opposing it; but he was now glad to see that a great change had taken place. The numerical method was an instrument which had been successfully employed in the investigation of the relations and properties of inorganic matter; and he saw no objection to its being as successfully employed in the more complicated relations of organic matter. The laws which regulated the latter could probably be expressed in as simple language as those of the former, had we but the facts from which to deduce our principles. Cuvier had anticipated a Newton for physiology, but before he could arise facts must be accumulated. This method would probably not be of immediate service to those who adopted it, but those who applied it would have the satisfaction of knowing that they were adding to the vast fabric of the science of medicine. Much had been said with regard to the value of tact; but when we found by the numerical method that such men as Laënnec and Louis were wrong when they came to their conclusions by tact, we could not place much reliance upon it in men in general. He vindicated Louis from the attack of Dr. Bucknill, and believed with Dr. M. Hall that he was the Bacon of medicine.

After some further discussion on this subject, the meeting adjourned to Friday, December 3.

HUSBANDS IN BED-ROOMS DURING PARTURITION.

To the Editor of THE LANCET.

SIR,—The public papers at first informed us that during a late accouchement the lady was surrounded by no less than four doctors,

her husband being present in the room. In a later paper it is stated that the three supernumerary doctors were in an adjoining room, and that only the accoucheur-in-chief and the husband were in the lying-in-room. However this may have been, is it right or proper for any husband to be in the room while the nurses and professional man are in attendance on the female during parturition? I bring this subject before the profession with the view of raising some discussion, and taking the sense of practitioners at large upon it. After nearly thirty years' practice I have recently been twice vexed by the intrusion of the husband into the lying-in-room. In one case I remonstrated with the female attendants, whose feelings of delicacy were somewhat outraged also, on the impropriety of the husband's coming into the room from time to time, and gave him some significant looks, intimating that his presence could be dispensed with; but I was told by the nurse that when the lady was confined in *London*, Dr. —— made no objection to his remaining in the room from first to last.

In the second instance, which was a first labour, the patient being also a *London* lady, with a *London* nurse, the husband persisted in being at the bedside during the whole of the parturient process, to my great discomfiture. This may be the fashionable "*London practice of midwifery*," but I confess it did not square with my old-fashioned notions of delicacy or propriety, and I doubt whether in either case I ought to have submitted to it. What say my professional brethren to the complaints of a

COUNTRY DOCTOR?

November 16, 1841.

ADVERTISING AND TRAVELLING SQUINT-DOCTORS.

To the Editor of THE LANCET.

SIR,—Having witnessed with very great satisfaction the unwearied attempts you are making to stimulate the profession to urge their just claims upon Parliament, and likewise the encouragement you give them respecting the result of the late trial of the Apothecaries' Company *versus* Greenough, I am sure you will have no objection to bring before the public a certain class of men, constantly advertising in provincial papers their miraculous cures of squinting, stammering, &c., by operation. They have been quite a nuisance in the north of England, every large town being visited by them. Having the audacity to append "surgeon" to their names, the public are deceived, and imagine them to be regular practitioners, much to the detriment of qualified members of the profession. As the law does not protect the public at present from such impostors, I think it is nothing but right that they should be put on their guard against the danger of intrusting themselves in such hands. I know of a common, uneducated, illiterate druggist taking upon himself to perform the operation for strabismus; he advertised himself regularly every week to cure squinting in "one minute." I think you will agree with me in considering that such practices ought to be exposed. I am, Sir, your obedient servant,

A SURGEON-APOTHECARY.

Nov. 19, 1841.

ASCITES WITH HYDATIDS.

To the Editor of THE LANCET.

SIR,—In performing the operation for paracentesis abdominis the other day, several hydatids, the size of a small nut, passed through the opening, when the canula of the trocar was withdrawn. Will you ask your numerous readers what may be the probable result of this case, or if they have ever met with one similar? The patient is a very healthy girl, independent of this malady, between fourteen and fifteen years of age, and has menstruated once. The quantity of fluid extracted, measured two quarts; ropy, straw-coloured, and quite transparent. Your obedient servant,

M. ROWE.

24, Woburn-place, London,
Nov. 27, 1841.

HISTORY OF ST. VITUS.

ST. VITUS was a Sicilian youth, who, together with Modestus and Crescentia, suffered martyrdom at the time of the persecution of the Christians under Diocletian, A.D. 303. The legends respecting him are obscure, and he would certainly have been passed over unnoticed among the innumerable Apocryphal martyrs of the first centuries, had not the transfer of his body to St. Denis, and afterwards, in the year 836, to Corvey, raised him to a higher rank. From this time it may be supposed that many miracles were manifested at his new sepulchre, and which were of essential service in confirming the Roman faith among the Germans, and St. Vitus was ranked among the fourteen saintly helpers (Nothhelfer or Apotheker). His altars were multiplied, and the people had recourse to them in all kinds of distresses, and revered him as a powerful intercessor. As the worship of these saints was, however, at that time stripped of all historical connections, which were purposely obliterated by the priesthood, a legend was invented at the beginning of the fifteenth century, or perhaps even so early as the fourteenth, that St. Vitus had just before he bent his neck to the sword prayed God to protect from the dancing mania all those who should solemnise the day of his comme-

moration, and fast upon its eve; and that thereupon a voice from heaven was heard, saying, "Vitus, thy prayer is accepted." Thus, St. Vitus became the patron saint of all those afflicted with the dancing plague, as St. Martin, of Tours, was at one time the succour of persons in small-pox, St. Antonius of those suffering under the "hellish fire," and as St. Margaret was the Juno Lucina of puerperal women.—*Dr. Brigham.*

TO CORRESPONDENTS.

We shall be very happy to receive the proposed communications of our correspondent who headed his recent paper, No. I., but some considerations which need not be mentioned do not render it desirable to allow any other circumstance than the date of publication to indicate the order of the series. We hope that our correspondent will accord to us the liberty of judgment in this particular.

Mr. Wright.—It would certainly be desirable that the whole of the MS. should be in the hands of the Editor before the publication of any part is commenced. The wish expressed in his note shall be complied with, from time to time, by post.

DAVID'S COMPLAINT.—A correspondent, under the signature of *R. B. B.*, makes the following remark on the letter at p. 277 of the present volume of THE LANCET, "suggesting that syphilis was the disease of which David complains in Psalm xxxviii. In that Psalm (says *R. B. B.*) the royal and devout penman laments the great crime of which he had been guilty in the matter of Uriah, the Hittite, and he speaks of it in terms allusive to the leprosy, a disease very common in the East, and which was thought by the Jews to come more directly from God than other diseases. And that there was some ground for this might be argued from the full directions as to its treatment, found in the Book of Leviticus, none of which are *medical*. This hypothesis (continues our correspondent) will fully explain all the expressions in the Psalm, and more particularly verse 11, which could not be spoken of syphilis, though it might of a disease of the infectious nature of the leprosy, and of which the patient was, moreover, commanded to *warn* others from approaching him, by crying 'Unclean! Unclean!'"

Acknowledging the receipt of *Dr. Cromelinck's* letter, our duty has begun and ended with that communication, and we shall save the space required for making his demand in public, by observing in this brief compass that it will not at present be granted.

(*From a Correspondent.*) — Foremost amongst those who take pride in inculcating upon youth the necessity of a stern discharge of duty upon every occasion, ranks Mr. Edward Stanley, surgeon to St. Bartholomew's Hospital. How far his example bears out his precept the following anecdote will show. Between eight and nine o'clock, p.m., on the 27th of November last, a fire broke out in the vaults beneath the College of Surgeons, which, for a time, threatened to destroy the entire building, and created the utmost consternation in the resident officers. Mr. Stanley being the president of the Museum Committee, with the special charge attaching to that office: to him, therefore, intelligence of the danger was immediately sent. So also was it to Messrs. Guthrie and Keate, who were speedily on the spot; bnt Mr. Stanley, the special watchman of this noble museum, who resides within a stone's throw of the spot, and who was at home when the message arrived, stirred not from his fireside, nor made his appearance at the scene at all, neither attending to work an engine, nor bend a hose, nor direct a nozzle, nor guide a fireman, nor rescue a book or a specimen, nor encourage others to save the inestimable property,—the heir-looms of John Hunter, the relics of the mighty dead! Heroic Stanley!

Many communications received this week will appear in the next number of THE LANCET.

A Medical Student.—Müller's Physiology, Marshall Hall on Diagnosis, Copland's Dictionary of Medicine.

An ex-Member of the Prov. Med. and Surg. Association.—The disreputable person to whom our correspondent refers is too well known in London to injure any person by his impotent calumnies and misrepresentations. Mr. L. would stand unmoved against the attacks of a million of such literary assassins.

An Old Subscriber.—He is entitled to his fee provided he have been summoned according to the provisions of the Medical Witnesses' Act, but not otherwise.

A General Practitioner.—Similar remarks on the subject of the King's-Norton union advertisement have already appeared in our columns, or the letter should be inserted. The merits and the wrongs of the case are equally clear.

Mr. Bland's communication shall appear in our next.

Communications have been received from *Dr. Searle; Dr. Penkivil; Mr. Morris; Mr. Daniel; A Licentiate of the Royal College of Surgeons of Edinburgh; Mr. Murray.*

Errata.—In Dr. Taylor's lecture, Dec. 4, p. 315, col. 2, line 14 from bottom, for "repeated" read *greatest.*—Line 10 from bottom, for "inaudible" read *audible.*—P. 316 lines 29 and 30 from bottom, the words "when the artery quickly collapsed under the finger" should form a part of the sentence now ending with the word "ventricle;" and "a similar jerking," &c., should begin the next sentence.—Line 18 from bottom, the word "wrist" should be followed by a full stop, and "as in the case," &c. should begin another sentence; col. 2, line 23, for "Briquet" read Bizot.